Inpatient/							-
Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on
Outpatient	731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	Gastroenterology	2	0	Demarticasoff	Appeal
Outpatient	811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	Gastroenterology	- 1	0		
Outpatient	812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	Gastroenterology	2	0		
Outpatient	813	ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX	Gastroenterology	1	0		
Outpatient	11400	EXC B9 LES MRGN XCP SK TG T/A/L 0.5 CM/<	Surgery	1	0		
Outpatient	11402	EXC B9 LES MRGN XCP SK TG T/A/L 1.1-2.0 CM	Surgery, Plastic	1	0		
Outpatient	11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	Otolaryngology	1	0		
Outpatient	11970	RPLCMT TISS XPNDR PERM IMPLT	Surgery, Plastic and Reconstructive	1	0		
Outpatient	12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	Dermatology	1	0		
Outpatient	12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	Dermatology	1	0		
Outpatient	12053	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	Dermatology	1	0		
Outpatient	12054	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 7.6-12.5 CM	Dermatology	1	0		
Outpatient	12055	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 12.6-20.0CM	Dermatology	1	0		
Outpatient	12056	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 20.1-30.0CM	Dermatology	1	0		
Outpatient	12057	REPAIR INTERMEDIATE F/E/E/N/L&/MUC >30.0 CM	Dermatology	1	0		
Outpatient	13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	Surgery, Plastic	1	0		
Outpatient	13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	Surgery, Plastic	1	0		
Outpatient	13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	Dermatology	3	0		
Outpatient	13151	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	Dermatology	1	0		
Outpatient	13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	Dermatology	1	0		
Outpatient	13153	REPAIR COMPLX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	Dermatology	1	0		
Outpatient	14040	SKIN TISSUE REARRANGEMENT	Otolaryngology	2	0		
Outpatient	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Surgery	2	1	Medical Necessity	
Outpatient	14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Surgery, Plastic	2	0		
Outpatient	14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM/<	Surgery	1	1	Medical Necessity	
Inpatient	15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	Surgery	1	1	Medical Necessity	
Inpatient	15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	Surgery, Plastic	1	0		
Inpatient	15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	Surgery	1	1	Medical Necessity	
Inpatient	15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	Surgery, Plastic	1	0		
Outpatient	15576	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL	Dermatology	1	0		
Outpatient	15630	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	Dermatology	1	0		
Inpatient	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Surgery	2	1	Medical Necessity	
Outpatient	15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs 50 cc or less injectate	Surgery, Plastic and Reconstructive	1	0		

Inpatient/	Procedure	ido Prior Authorization Report- Aetha Life Insurance Con I		-	Ĺ		Overturned on
Outpatient		Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
		Grafting of autologous fat harvested by liposuction technique to					1
		trunk, breasts, scalp, arms, and/or legs; each additional 50 cc		1	0		
Outpatient	15772	injectate, or part there of (List separately in addition to code for pr	Surgery, Plastic and Reconstructive				
Outpatient	15777		Surgery	1	1	Medical Necessity	
Outpatient	15777		Surgery, Plastic and Reconstructive	3	0		
Outpatient	15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	Opthalmology	7	0		
Outpatient	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic	0	2	Medical Necessity	1
Outpatient	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	Surgery, Plastic	1	0		
Outpatient	17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	Dermatology	4	0		
Outpatient	17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	Dermatology	1	0		
Outpatient	19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	Surgery	3	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic	3	1	Medical Necessity	
Inpatient	19318	BREAST REDUCTION	Surgery, Plastic	11	7	Medical Necessity	
Inpatient	19328	RMVL INTACT BREAST IMPLANT	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19340	INSJ BREAST IMPLT SM D MAST	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19342	INSJ/RPLCMT BRST IMPLT SEP D	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	5	0		
Outpatient	19357	TISS XPNDR PLMT BRST RCNSTJ	Surgery, Plastic and Reconstructive	4	0		
Inpatient	19364	BRST RCNSTJ FREE FLAP	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19370	REVJ PERI-IMPLT CAPSULE BRST	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19371	PERI-IMPLT CAPSLC BRST COMPL	Surgery, Plastic and Reconstructive	2	0		
Outpatient	19380	REVJ RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	3	0		
Outpatient	20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	Obstetrics & Gynecology	1	0		
Outpatient	20680	REMOVAL IMPLANT DEEP	Sports Medicine	1	0		
Outpatient	20680	REMOVAL IMPLANT DEEP	Surgery, Orthopedic	3	0		
Inpatient	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Surgery, Neurological	3	1	Medical Necessity	
Inpatient	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Surgery, Orthopedic	3	6	Medical Necessity	
Inpatient	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Surgery, Neurological	1	0		
Inpatient	20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Surgery, Orthopedic	2	2	Medical Necessity	
Inpatient	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Surgery, Neurological	1	0		
Inpatient	20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Surgery, Orthopedic	1	2	Medical Necessity	
Inpatient	20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Surgery, Orthopedic	1	0		
Outpatient	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Surgery, Neurological	0	1	Medical Necessity	
Outpatient	20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	Surgery, Orthopedic	2	0		
Outpatient	21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Surgery, Oral & Macillofacial	1	0		
Outpatient	21320	CLSD TX NSL FX W/MNPJ&STABLJ	Otolaryngology	1	0		
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Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	21485	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	Surgery, Oral & Macillofacial	1	0		
Outpatient	21552	EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	Surgery	3	0		
Inpatient	21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	Surgery, Thoracic	1	0		
Inpatient	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Surgery, Neurological	1	0		
Inpatient	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Surgery, Orthopedic	0	1	Medical Necessity	
Inpatient	22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Surgery, Orthopedic	0	1	Administrative	
Inpatient	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Surgery, Neurological	1	1	Medical Necessity	
Inpatient	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Surgery, Orthopedic	4	2	Medical Necessity	
Inpatient	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Surgery, Neurological	1	1	Medical Necessity	
Inpatient	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Surgery, Orthopedic	4	2	Medical Necessity	
Outpatient	22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	Surgery, Orthopedic	2	3	Medical Necessity	
Outpatient	22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	Surgery, Orthopedic	0	1	Medical Necessity	
Inpatient	22600	ARTHRD PST TQ 1NTRSPC CRV	Surgery, Orthopedic	1	0		
Inpatient	22612	ARTHRD PST TQ 1NTRSPC LUMBAR	Surgery, Orthopedic	1	3	Medical Necessity	
Inpatient	22614	ARTHRD PST TQ INTRSPC EA ADD	Surgery, Orthopedic	1	2	Medical Necessity	
Inpatient	22633	ARTHRD CMBN 1NTRSPC LUMBAR	Surgery, Neurological	2	0		
Inpatient	22633	ARTHRD CMBN 1NTRSPC LUMBAR	Surgery, Orthopedic	0	2	Medical Necessity	
Inpatient	22634	ARTHRD CMBN 1NTRSPC EA ADDL	Surgery, Orthopedic	0	1	Administrative	
Inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Surgery, Neurological	2	0		
Inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Surgery, Orthopedic	1	4	Medical Necessity	
Inpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Surgery, Orthopedic	0	1	Medical Necessity	
Inpatient	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Surgery, Orthopedic	1	0		
Inpatient	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Surgery, Orthopedic	0	1	Administrative	
Inpatient	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Surgery, Neurological	1	1	Medical Necessity	
Inpatient	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Surgery, Orthopedic	3	5	Medical Necessity	
Inpatient	22848	PELVIC FIXATION OTHER THAN SACRUM	Surgery, Orthopedic	0	1	Administrative	
Inpatient	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Surgery, Neurological	2	1	Medical Necessity	
Inpatient	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Surgery, Orthopedic	3	9	Medical Necessity	
Outpatient	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Surgery, Orthopedic	0	1	Medical Necessity	
Inpatient	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	Surgery, Orthopedic	3	1	Medical Necessity	
Inpatient	22857	TOT DISC ARTHRP INTRSPC LMBR	Surgery, Neurological	1	0		
Inpatient	22899	UNLISTED PROCEDURE SPINE	Surgery, Neurological	0	1	Administrative	
Inpatient	22900	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	Surgery, Oncology	1	0		
Outpatient	23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	Surgery, Orthopedic	1	0		
Outpatient	23430	TENODESIS LONG TENDON BICEPS	Sports Medicine	1	0		

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Inpatient/	Procedure	ado Prior Authorization Report- Aetha Life Insurance Com	party and Actina realist me. a	l	<i>by</i> c.r		<u></u>
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Surgery, Orthopedic	9	5	Medical Necessity	
Outpatient	23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	Surgery, Orthopedic	1	0		
Outpatient	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	Surgery, Orthopedic	1	0		
Outpatient	24342	RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	Surgery, Orthopedic	3	0		
Outpatient	25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	Surgery, Orthopedic	1	0		
Outpatient	26055	TENDON SHEATH INCISION	Surgery, Hand/Orthopedic	2	0		
Outpatient	26055	TENDON SHEATH INCISION	Surgery, Plastic	2	0		
Outpatient	26160	REMOVE TENDON SHEATH LESION	Surgery, Hand/Orthopedic	1	0		
Outpatient	26160	REMOVE TENDON SHEATH LESION	Surgery, Plastic	1	0		
		Injection procedure for sacroiliac joint, anesthetic/steroid, with					
		image guidance (fluoroscopy or CT) including arthrography when		17	5		
Outpatient	27096	performed Injection procedure for sacroiliac joint, anesthetic/steroid, with	ambulatory surgery center			Medical Necessity	
		image guidance (fluoroscopy or CT) including arthrography when		17	1		
Outpatient	27096	performed	anesthesiology			Medical Necessity	
		Injection procedure for sacroiliac joint, anesthetic/steroid, with					
Outpatiant	27096	image guidance (fluoroscopy or CT) including arthrography when performed	diagnostic rediclogy	2	0		
Outpatient	21090	Injection procedure for sacroiliac joint, anesthetic/steroid, with	diagnostic radiology				
		image guidance (fluoroscopy or CT) including arthrography when		2	0		
Outpatient	27096	performed	family practice				
		Injection procedure for sacroiliac joint, anesthetic/steroid, with					
Outpatient	27096	image guidance (fluoroscopy or CT) including arthrography when performed	general surgery	1	1	Medical Necessity	
Outpatient	21090	Injection procedure for sacroiliac joint, anesthetic/steroid, with	general surgery			Medical Necessity	
		image guidance (fluoroscopy or CT) including arthrography when		6	2		
Outpatient	27096	performed	hospital			Medical Necessity	
		Injection procedure for sacroiliac joint, anesthetic/steroid, with					
Outpatient	27096	image guidance (fluoroscopy or CT) including arthrography when performed	Hospital	0	1	Medical Necessity	
ouputon	21000	Injection procedure for sacroiliac joint, anesthetic/steroid, with	reoprat			modical recoonly	
		image guidance (fluoroscopy or CT) including arthrography when		1	0		
Outpatient	27096	performed	multiple specialty site				
		Injection procedure for sacroiliac joint, anesthetic/steroid, with			-		
Outpatient	27096	image guidance (fluoroscopy or CT) including arthrography when performed	specialty hospitals	3	2	Medical Necessity	
Inpatient	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	General Practice	1	0		
Inpatient	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Pediatric Orthopedic	1	0		
Inpatient	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Sports Medicine	2	3	Medical Necessity	
Inpatient	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Surgery	1	0	 	
Inpatient 2862983-01-02	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Surgery, Orthopedic	16	2	Medical Necessity	
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Inpatient/							Overturned on
Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
Inpatient	27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	Surgery, Orthopedic	1	0		
Outpatient	27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	Surgery, Orthopedic	1	3	Medical Necessity	
Inpatient	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Surgery, Orthopedic	27	13	Medical Necessity	1
Outpatient	27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	Surgery, Orthopedic	2	0		
Outpatient	27638	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	Podiatrist	1	0		
Outpatient	27641	PARTIAL EXCISION BONE FIBULA	Podiatrist	1	0		
Outpatient	27650	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	Surgery, Orthopedic	2	0		
Outpatient	27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	Podiatrist	1	0		
Outpatient	29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	Surgery, Hand/Orthopedic	2	1	Administrative	
Outpatient	29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	29914	ARTHROSCOPY HIP W/FEMOROPLASTY	Surgery, Orthopedic	6	4	Medical Necessity	
Outpatient	29915	ARTHROSCOPY HIP W/ACETABULOPLASTY	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	29916	ARTHROSCOPY HIP W/LABRAL REPAIR	Surgery, Orthopedic	7	4	Medical Necessity	
Outpatient	29999	UNLISTED PROCEDURE ARTHROSCOPY	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	Otolaryngology	7	1	Medical Necessity	
Outpatient	30465	REPAIR NASAL VESTIBULAR STENOSIS	Otolaryngology	1	0		
Outpatient	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	Otolaryngology	10	1	Medical Necessity	
Outpatient	30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	Otolaryngology	1	0		
Outpatient	31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	Otolaryngology	1	0		
Outpatient	31237	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX	Otolaryngology	1	0		
Outpatient	31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	Otolaryngology	2	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY PARTIAL	Otolaryngology	4	2	Medical Necessity	
Outpatient	31255	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY TOTAL	Otolaryngology	1	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	Otolaryngology	3	0		
Outpatient	31257	NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	Otolaryngology	1	0		
Outpatient	31259	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	Otolaryngology	1	1	Medical Necessity	
Outpatient	31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	Otolaryngology	6	2	Medical Necessity	
Outpatient	31276	NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION	Otolaryngology	4	2	Medical Necessity	
Outpatient	31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY	Otolaryngology	1	0		
Outpatient	31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation)	Otolaryngology	1	0		
Outpatient	31295	maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation)	Otolaryngology	3	0		
Outpatient 2862983-01-02 Proprietary	31296	frontal sinus ostium	Otolaryngology	2	0		

Proprietary

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Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
		Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation)		4	0		
Outpatient	31297	sphenoid sinus ostium	Otolaryngology	I	0		
Outpatient	31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia	Otolaryngology	3	0		
Outpatient	31290	LARYNGOSCOPY W/WO TRACHEOSCOPY	Otolaryngology				
Outpatient	31526	W/MICRO/TELESCOPE	General Practice	1	0		
Outpatient	31622	BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX	General Practice	1	0		
Inpatient	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	Surgery, Thoracic Cardiovascular	1	0		
Inpatient	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Surgery, Thoracic Cardiovascular	1	0		
Outpatient	32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	Critical Care Medicine	1	0		
Outpatient	32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	Surgery, Thoracic	2	0		
Inpatient	33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	Surgery, Thoracic	1	0		
_ ·	_	Insertion of new or replacement of permanent pacemaker with		1	0		
Outpatient	33208	transvenous electrode(s); atrial and ventricular Removal of permanent pacemaker pulse generator with	specialty hospitals	·	U U		
Outpatient	33228	replacement of pacemaker pulse generator; dual lead system	specialty hospitals	1	0		
		Insertion or replacement of permanent pacing cardioverter-					
		defibrillator system with transvenous lead(s)single or dual		1	0		
Outpatient	33249	chamber Insertion or replacement of permanent pacing cardioverter-	hospital				
		defibrillator system with transvenous lead(s)single or dual		1	0		
Outpatient	33249	chamber	specialty hospitals		0		
Inpatient	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Cardiology	1	0		
Inpatient	33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	Surgery, Thoracic	1	0		
		Endovascular repair of iliac artery, not associated with placement					
		of an aorto-iliac artery endograft at the same session, by		1	0		
Inpatient	34718	deployment of an iliac branched endograft, including pre- procedure sizing	Surgery, Thoracic Cardiovascular		-		
Inpatient	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Surgery	2	0		
Inpatient	35565	BYPASS W/VEIN ILIOFEMORAL	Surgery	- 1	0		
Inpatient	35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	Surgery, Thoracic Cardiovascular	3	0		
Outpatient	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Cardiovascular Disease	4	0		
Outpatient	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Internal Medicine	1	0		
Outpatient	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Surgery, Thoracic	1	0		
Outpatient	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Internal Medicine	1	0		
Outpatient	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Surgery	2	0		
Outpatient	36471	NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG	Family Practice	2	0		
Outpatient	36471	NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG	Internal Medicine	2	0		
Outpatient	36471	NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG	Surgery	2	0		
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2023 Colorado Prior Authorization Report- Aetna Life Insurance Company and Aetna Health Inc. as required by C.R.S. 10-16-112.5 (2)(c)(I)

		do Prior Authorization Report- Aetna Life Insurance Co	mpany and Aetna Health Inc. as	required	by C.R.S.	. 10-16-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	36471	NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG	Surgery, General Vascular	2	0		
Outpatient	36471	NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG	Surgery, Thoracic	1	0		
Outpatient	36471	NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG	Vascular & Interventional Radiology	1	0		
Outpatient	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Cardiovascular Disease	4	0		
Outpatient	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Family Practice	2	0		
Outpatient	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Internal Medicine	2	0		
Outpatient	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Obstetrics & Gynecology	1	0		
Outpatient	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Physician Assistant	2	0		
Outpatient	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Radiology, Diagnostic	1	0		
Outpatient	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Surgery	9	0		
Outpatient	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Surgery, General Vascular	3	0		
Outpatient	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Surgery, Thoracic	1	0		
Outpatient	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Vascular & Interventional Radiology	1	0		
Outpatient	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Surgery, General Vascular	2	0		
Outpatient	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Surgery, Thoracic	1	0		
Outpatient	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Vascular & Interventional Radiology	1	0		
Outpatient	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Internal Medicine	1	0		
Outpatient	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Physician Assistant	2	0		
Outpatient	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Radiology, Diagnostic	1	0		
Outpatient	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Surgery	2	0		
Outpatient	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Surgery, General Vascular	2	0		
Outpatient	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Surgery, Thoracic	2	0		
Outpatient	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Surgery, Thoracic Cardiovascular	1	0		
Outpatient	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Vascular & Interventional Radiology	2	0		
Outpatient	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	Surgery	1	0		
Outpatient	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Internal Medicine	1	0		
Outpatient	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Obstetrics & Gynecology	1	0		
Outpatient	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Physician Assistant	2	0		
Outpatient	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Surgery	1	0		
Outpatient	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Surgery, General Vascular	2	0		
Outpatient	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Surgery, Thoracic	1	0		
Outpatient	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Physician Assistant	1	0		
Outpatient	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Surgery	1	0		
Inpatient	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	Surgery	1	0		
Inpatient	39220	RESECTION MEDIASTINAL TUMOR	Surgery	1	0		

		do Prior Authorization Report- Aetha Life Insurance Com	pany and Aetha Health Inc. as	s required	by C.R.	5. 10-16-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty Servicing Drovider	Approved	Denied	Donial Bassan	Overturned on
Outpatient	40819	EXC FRENUM LABIAL/BUCCAL	Specialty-Servicing Provider General Practice - Dental	1	1	Denial Reason Administrative	Appeal
Outpatient	40819	EXCISION LINGUAL FRENUM FRENECTOMY	General Practice - Dental	1	1	Administrative	
Outpatient	42145	PALATOPHARYNGOPLASTY	Otolaryngology	0	1	Medical Necessity	
Outpatient	42820	TONSILLECTOMY & ADENOIDECTOMY <age 12<="" td=""><td>General Practice</td><td>1</td><td>0</td><td>Wedical Necessity</td><td></td></age>	General Practice	1	0	Wedical Necessity	
Outpatient	42820	TONSILLECTOMY & ADENOIDECTOMY <age 12<="" td=""><td>Otolaryngology</td><td>2</td><td>0</td><td></td><td></td></age>	Otolaryngology	2	0		
Outpatient	42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	Otolaryngology	1	0		
Outpatient	42826	TONSILLECTOMY ONE-HALF AGE 12/>	Otolaryngology	3	1	Medical Necessity	
Outpatient	42830	ADENOIDECTOMY PRIMARY <age 12<="" td=""><td>Otolaryngology</td><td>3</td><td>0</td><td>Wedical Necessity</td><td></td></age>	Otolaryngology	3	0	Wedical Necessity	
Outpatient	42830	ADENOIDECTOMY PRIMARY AGE 12/>	Otolaryngology	1	0		
Outpatient	42950	PHARYNGOPLASTY PLSTC/RCNSTV OPRATION PHARYNX	Otolaryngology	0	1	Medical Necessity	
Outpatient	42930	DISE EVAL SLP DO BRTH FLX DX	General Practice	1	0	Wedical Necessity	
Outpatient	43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN	Family Practice	1	0		
Outpatient	43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN	Gastroenterology	38	1	Medical Necessity	
Outpatient	43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN	Internal Medicine	4	0	Wedloat Necessity	
Outpatient	43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN	Surgery	6	0		
Outpatient	43233	UPR GI NDSC & US NDSC EXAM LMTD ESOPHAGUS	Gastroenterology	1	0		
Outpatient	43238	UPR GI NDSC TNDSC US FINE NDL ASPIR/BX ESOPH	Gastroenterology	1	0		
Inpatient	43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE	family Practice	4	0		
Inpatient	43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE	Gastroenterology	40	0		
Inpatient	43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE	Internal Medicine	5	0		
Inpatient	43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE	Pediatric Gastroenterology	12	0		
Inpatient	43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE	Surgery	7	0		
Outpatient	43241	UPR GI NDSC TNDSC INTRALUMINAL TUBE/CATH PLMT	Gastroenterology	1	0		
Outpatient	43248	UPR GI NDSC INSJ GUIDE WIRE DILAT ESOPHAGUS	Gastroenterology	6	0		
Outpatient	43248	UPR GI NDSC INSJ GUIDE WIRE DILAT ESOPHAGUS	Internal Medicine	3	0		
Outpatient	43248	UPR GI NDSC INSJ GUIDE WIRE DILAT ESOPHAGUS	Surgery	1	0		
Inpatient	43249	UPR GI NDSC BALLOON DILAT ESOPH <30 MM DIAM	Family Practice	2	0		
Inpatient	43249	UPR GI NDSC BALLOON DILAT ESOPH <30 MM DIAM	Gastroenterology	8	0		
Inpatient	43249	UPR GI NDSC BALLOON DILAT ESOPH <30 MM DIAM	Internal Medicine	3	0		
Inpatient	43249	UPR GI NDSC BALLOON DILAT ESOPH <30 MM DIAM	Pediatric Gastroenterology	1	0		
Inpatient	43249	UPR GI NDSC BALLOON DILAT ESOPH <30 MM DIAM	Surgery	2	0		
Outpatient	43249	UPR GI NDSC RMVL TUM POLYP/OTH LES SNARE TO	Gastroenterology	2	0		
Outpatient	43251	UPR GI NDSC RMVL TUM POLYP/OTH LES SNARE TQ	Internal Medicine	4	0		
Outpatient	43259	UPPER GI NDSC W/NDSC ULTRASOUND EXAM	Gastroenterology	4	0		
Outpatient	43259	UPPER GI NDSC W/NDSC ULTRASOUND EXAM	Internal Medicine	3	0		
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		ado Prior Authorization Report- Aetna Life Insurance Com	pany and Aetha Health Inc. a	s required	by C.R.	5. 10-16-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	43260	ERCP DX W/WO COLLJ SPEC BRUSHING/WASHING SPX	Internal Medicine	1	0		πρροαι
Outpatient	43264	ERCP W/RMVCALCULI BILIARY&/PANCREATIC DUCTS	Internal Medicine	1	0		
Outpatient	43274	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	Internal Medicine	1	0		
Outpatient	43275	ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	Internal Medicine	1	0		
Outpatient	45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS	Family Practice	11	0		
Outpatient	45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS	Gastroenterology	80	0		
Outpatient	45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS	Internal Medicine	6	0		
Outpatient	45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS	Surgery	5	0		
Outpatient	45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS	Surgery, Colon & Rectal	3	0		
Outpatient	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	Family Practice	3	0		
Outpatient	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	Gastroenterology	29	1	Administrative	
Outpatient	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	Internal Medicine	3	0		
Outpatient	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	Pediatric Gastroenterology	2	0		
Outpatient	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	Surgery	5	0		
Outpatient	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	Surgery, Colon & Rectal	1	0		
Outpatient	45384	COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT	Family Practice	1	0		
Outpatient	45384	COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT	Gastroenterology	7	0		
Outpatient	45384	COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT	Internal Medicine	3	0		
Outpatient	45384	COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT	Surgery	2	0		
Outpatient	45384	COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT	Surgery, Colon & Rectal	1	0		
Outpatient	45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	family Practice	3	0		
Outpatient	45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	Gastroenterology	20	0		
Outpatient	45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	Internal Medicine	3	0		
Outpatient	45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	Surgery	2	0		
Outpatient	45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	Surgery, Colon & Rectal	1	0		
Outpatient	45386	COLSC FLX PROX SPLENIC FLXR DILAT BALO 1/> STRI	Gastroenterology	1	0		
Outpatient	45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	Gastroenterology	3	0		
Outpatient	45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	Internal Medicine	1	0		
Outpatient	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	Surgery	1	0		
Outpatient	46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	Surgery	6	0		
Outpatient	46257	HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO	Surgery	1	0		
Outpatient	46258	HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY	Surgery	1	0		
Outpatient	46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	Surgery	5	0		
Outpatient	46270	SURG TX ANAL FISTULA SUBQ	Surgery	1	0		
Inpatient	46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	Surgery	1	1	Medical Necessity	

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Inpatient/	Procedure	ado Prior Authorization Report- Aetha Life Insurance Com	party and Aetha Health Inc. a	s required	by C.N.	3. 10-10-112.3 (2	
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
		Hemorrhoidectomy, internal, by ligation other than rubber band; 2	, , , , , , , , , , , , , , , , , , , ,				ppou
Outpatient	46946	or more hemorrhoid columns/groups, without imaging guidance	Surgery	0	0		
Outpatient	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Gastroenterology	0	0		
Outpatient	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Surgery	10	1	Medical Necessity	
Outpatient	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Surgery, Colon & Rectal	1	0		
Outpatient	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	Surgery, General Vascular	0	1	Medical Necessity	
Outpatient	47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	Surgery	8	1	Medical Necessity	
Outpatient	47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	Surgery, Colon & Rectal	1	0		
Inpatient	47610	CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT	Surgery	1	0		
Outpatient	49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	Endocrinology, Reproductive	1	0		
Outpatient	49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	Obstetrics & Gynecology	6	0		
Outpatient	49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	Surgery, Oncology	1	0		
Outpatient	49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	Surgery	1	0		
Inpatient	49540	REPAIR LUMBAR HERNIA	Surgery	1	0		
Outpatient	49591	RPR AA HRN 1ST < 3 CM RDC	Surgery	9	0		
Outpatient	49592	RPR AA HRN 1ST < 3 NCR/STRN	Surgery	3	0		
Outpatient	49593	RPR AA HRN 1ST 3-10 RDC	Surgery	6	1	Medical Necessity	
Outpatient	49594	RPR AA HRN 1ST 3-10 NCR/STRN	Surgery	3	0		
Outpatient	49595	RPR AA HRN 1ST > 10 RDC	Surgery	1	0		
Outpatient	49596	RPR AA HRN 1ST > 10 NCR/STRN	Surgery	1	0		
Inpatient	49614	RPR AA HRN RCR < 3 NCR/STRN	Surgery	1	0		
Inpatient	49616	RPR AA HRN RCR 3-10 NCR/STRN	Surgery	1	0		
Outpatient	49621	RPR PARASTOMAL HERNIA RDC	Surgery	1	0		
Outpatient	49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	Surgery	9	0		
Outpatient	49651	LAPS SURG RPR RECURRENT INGUINAL HERNIA	Surgery	1	0		
Outpatient	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	General Practice	1	0		
Outpatient	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Nephrology	1	0		
Outpatient	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Transplant Hepatology	1	0		
Inpatient	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	Urology	1	0		
Inpatient	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	Urology	1	0		
Outpatient	50590	LITHOTRIPSY XTRCORP SHOCK WAVE	Urology	4	1	Medical Necessity	
Inpatient	51565	CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST	Urology	1	0		
Outpatient	52000	CYSTOURETHROSCOPY	Obstetrics & Gynecology	12	1	Medical Necessity	
Outpatient	52000	CYSTOURETHROSCOPY	Urology	2	0		
Outpatient	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	Urology	2	0		
Outpatient 2862983-01-02	52224	CYSTO W/REMOVAL OF LESIONS SMALL	Urology	1	0		

		do Prior Authorization Report- Aetha Life Insurance Com	pany and Aetha Health Inc. as	s required	by C.R.	5. 10-16-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	52234	CYSTO W/REMOVAL OF TUMORS SMALL	Urology	1	0		
Outpatient	52240	CYSTOURETHROSCOPY W/DEST &/RMVL TUMOR LARGE	Urology	1	0		
Outpatient	52281	CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	Urology	2	0		
Outpatient	52310	CYSTO W/SIMPLE REMOVAL STONE & STENT	Urology	2	0		
Outpatient	52332	CYSTO W/INSERT URETERAL STENT	Urology	5	1	Medical Necessity	
Outpatient	52351	CYSTO W/URTROSCOPY&/PYELOSCOPY DX	Urology	2	1	Medical Necessity	
Outpatient	52352	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	Urology	2	0		
Outpatient	52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	Urology	3	0		
Outpatient	52356	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	Urology	6	2	Medical Necessity	
Outpatient	52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	Urology	1	0		
Outpatient	54161	CIRCUMCISION AGE >28 DAYS	Urology	1	0		
Outpatient	54640	Orchiopexy, inguinal or scrotal approach	Pediatrics	1	0		
Outpatient	55040	EXCISION HYDROCELE UNILATERAL	Pediatric Urology	1	0		
Outpatient	55040	EXCISION HYDROCELE UNILATERAL	Urology	1	0		
Outpatient	55700	PROSTATE NEEDLE BIOPSY ANY APPROACH	Urology	5	0		
Outpatient	57135	EXCISION VAGINAL CYST/TUMOR	Obstetrics & Gynecology	1	0		
Outpatient	57240	ANT COLPORRHAPHY CYSTOCELE W/WO RPR URETHROCELE	Obstetrics & Gynecology	1	0		
Outpatient	57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	Obstetrics & Gynecology	1	0		
Outpatient	57288	SLING OPERATION STRESS INCONTINENCE	Obstetrics & Gynecology	7	0		
Outpatient	57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	Obstetrics & Gynecology	0	1	Administrative	
Outpatient	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	Obstetrics & Gynecology	2	0		
Outpatient	57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	Obstetrics & Gynecology	1	0		
Outpatient	57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	Obstetrics & Gynecology	1	0		
Inpatient	58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	Obstetrics & Gynecology	1	0		
Inpatient	58240	PEL EXNTJ GYNECOLOGIC MAL	Obstetrics & Gynecology	1	0		
Outpatient	58300	INSERTION INTRAUTERINE DEVICE IUD	Obstetrics & Gynecology	1	0		
Outpatient	58301	REMOVAL INTRAUTERINE DEVICE IUD	Obstetrics & Gynecology	1	0		
Outpatient	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	Endocrinology, Reproductive	8	0		
Outpatient	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	Obstetrics & Gynecology	2	2	Medical Necessity	
Outpatient	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	Physician Assistant	1	0		
Outpatient	58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	Endocrinology, Reproductive	2	0		
Outpatient	58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	Obstetrics & Gynecology	26	2	Medical Necessity	1
Outpatient	58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	Obstetrics & Gynecology	6	0		
Outpatient	58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	Obstetrics & Gynecology	2	1	Medical Necessity	1
Inpatient	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	Family Practice	1	0		

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Innationt		Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
Inpatient	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	Obstetrics & Gynecology	3	0		1 1.1
Outpatient	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Obstetrics & Gynecology	1	0		
Outpatient	58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	Oncology, Gynecologic	1	0		
Inpatient	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Endocrinology, Reproductive	5	2	Medical Necessity	
Inpatient	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Obstetrics & Gynecology	2	1	Administrative	
Outpatient	58974	EMBRYO TRANSFER INTRAUTERINE	Endocrinology, Reproductive	5	2	Medical Necessity	
Outpatient	58974	EMBRYO TRANSFER INTRAUTERINE	Nurse Practitioner	1	0		
Inpatient	59320	CERCLAGE CERVIX PREGNANCY VAGINAL	Maternal & Fetal Medicine	1	0		
Inpatient	60270	THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC	Surgery, Thoracic	1	0		
Inpatient	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	Surgery, Neurological	1	0		
Inpatient	61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR	Surgery, Neurological	1	0		
Inpatient	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	Surgery, Neurological	1	0		
Outpatient	61782	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	Otolaryngology	7	1	Medical Necessity	
Inpatient	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	Surgery, Orthopedic	1	0		
Inpatient	62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	Surgery, Neurological	1	0		
Output inst	60004	including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thereoics with imaging guidance (in fluereconv or CT)		28	1		
Outpatient	62321	thoracic; with imaging guidance (ie, fluoroscopy or CT) Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	ambulatory surgery center			Medical Necessity	
		including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or		12	2		
Outpatient	62321	thoracic; with imaging guidance (ie, fluoroscopy or CT) Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	anesthesiology			Medical Necessity	
		including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or		8	0		
Outpatient	62321	thoracic; with imaging guidance (ie, fluoroscopy or CT) Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	diagnostic radiology				
		including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or		1	0		
Outpatient	62321	thoracic; with imaging guidance (ie, fluoroscopy or CT) Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not	general surgery				
		including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or		1	0		
Outpatient	62321	thoracic; with imaging guidance (ie, fluoroscopy or CT)	Hospital				

		ado Prior Authorization Report- Aetna Life Insurance Com	pany and Aetna Health Inc. a	s required	by C.R.	S. 10-16-112.5 (2	<u>2)(c)(l)</u>
Inpatient/	Procedure			Approved	Denied		Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Dernea	Denial Reason	Appeal
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		4	0		
		placement, interlaminar epidural or subarachnoid, cervical or					
Outpatient	62321	thoracic; with imaging guidance (ie, fluoroscopy or CT)	hospital				
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		4	1		
		placement, interlaminar epidural or subarachnoid, cervical or					
Outpatient	62321	thoracic; with imaging guidance (ie, fluoroscopy or CT)	multiple specialty site			Medical Necessity	
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		1	0		
		placement, interlaminar epidural or subarachnoid, cervical or					
Outpatient	62321	thoracic; with imaging guidance (ie, fluoroscopy or CT)	neurosurgery				
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		2	1		
		placement, interlaminar epidural or subarachnoid, cervical or					
Outpatient	62321	thoracic; with imaging guidance (ie, fluoroscopy or CT)	specialty hospitals			Medical Necessity	
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		1	0		
		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62322	sacral (caudal); without imaging guidance	ambulatory surgery center				
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		0	1		
		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62322	sacral (caudal); without imaging guidance	anesthesiology			Medical Necessity	
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		1	0		
		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62322	sacral (caudal); without imaging guidance	hospital				
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		19	14		
		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62323	sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	ambulatory surgery center			Medical Necessity	

		ado Prior Authorization Report- Aetna Life Insurance Com	pany and Aetna Health Inc. a	s required	by C.R.	S. 10-16-112.5 (2	<u>2)(c)(l)</u>
Inpatient/	Procedure			Approved	Denied		Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denieu	Denial Reason	Appeal
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		15	3		
		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62323	sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	anesthesiology			Medical Necessity	
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		7	2		
		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62323	sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	diagnostic radiology			Medical Necessity	
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		2	1		
		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62323	sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	family practice			Medical Necessity	
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		1	0		
		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62323	sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	general practice				
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		3	0		
		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62323	sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Hospital				
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		3	3		
		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62323	sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	hospital			Medical Necessity	
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		1	0		
		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62323	sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	internal medicine				
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		1	1		
_		placement, interlaminar epidural or subarachnoid, lumbar or					
Outpatient	62323	sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	multiple specialty site			Medical Necessity	

		Ido Prior Authorization Report- Aetha Life Insurance Comj	Sally and Aetha Health IIIC. as	srequired	by C.R.	3. 10-10-112.5 (2 I	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
		Injection(s), of diagnostic or therapeutic substance(s) (eg,					
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or		0	1		
Outpatient	62323	sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	rehabilitation medicine			Medical Necessity	
Outpution	02020	Injection(s), of diagnostic or therapeutic substance(s) (eg,				incalour recossily	
		anesthetic, antispasmodic, opioid, steroid, other solution), not					
		including neurolytic substances, including needle or catheter		5	2		
Outpationt	60000	placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	oppoints, boosticlo				
Outpatient	62323		specialty hospitals	4	~	Medical Necessity	
Outpatient	63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	Surgery, Neurological	1	0		
Outpatient	63030		Surgery, Neurological	1	0		
Outpatient	63030		Surgery, Orthopedic	2	2	Administrative	
Outpatient	63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	Surgery, Orthopedic	1	0		
Outpatient	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Surgery, Orthopedic	1	0		
Outpatient	63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	Surgery, Orthopedic	1	0		
Inpatient	63045	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	Surgery, Orthopedic	1	0		
Outpatient	63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	Surgery, Neurological	2	1	Medical Necessity	
Outpatient	63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	Surgery, Orthopedic	3	3	Medical Necessity	
		LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY					
		(UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL		2	1		
		CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR		-	•		
Inpatient	63048	LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGM	Surgery, Neurological			Medical Necessity	
		LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY					
		(UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL		2	3		
		CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR		2	5		
Inpatient	63048	LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGM	Surgery, Orthopedic			Medical Necessity	
Inpatient	63052	LAM FACETC/FRMT ARTHRD LUM 1	Surgery, Orthopedic	0	1	Administrative	
Inpatient	63053	LAM FACTC/FRMT ARTHRD LUM EA	Surgery, Orthopedic	0	1	Administrative	
Outpatient	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Surgery, Neurological	1	0		
Outpatient	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Anesthesiology	2	0		
Outpatient	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Surgery, Neurological	1	0		
Outpatient	63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Anesthesiology	2	0		
Inpatient	63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	Surgery, Neurological	1	0		
Outpatient	64479	Epidural steroid injection	ambulatory surgery center	27	6	Medical Necessity	
Outpatient	64479	Epidural steroid injection	anesthesiology	12	0		
Outpatient	64479	Epidural steroid injection	hospital	6	2	Medical Necessity	
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Proprietary

		do Prior Authorization Report- Aetna Life Insurance Com	pany and Aetna Health Inc. as	required	by C.R.	<u>S. 10-16-112.5 (2</u>	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	64479	Epidural steroid injection	Hospital	3	0		
Outpatient	64479	Epidural steroid injection	multiple specialty site	1	0		
Outpatient	64479	Epidural steroid injection	specialty hospitals	1	0		
Outpatient	64483	Epidural steroid injection	ambulatory surgery center	156	28	Medical Necessity	1
Outpatient	64483	Epidural steroid injection	anesthesiology	86	8	Medical Necessity	1
Outpatient	64483	Epidural steroid injection	diagnostic radiology	6	1	Medical Necessity	
Outpatient	64483	Epidural steroid injection	family practice	3	3	Medical Necessity	1
Outpatient	64483	Epidural steroid injection	general surgery	4	0		
Outpatient	64483	Epidural steroid injection	hematology oncology	1	0		
Outpatient	64483	Epidural steroid injection	Hospital	5	1	Medical Necessity	
Outpatient	64483	Epidural steroid injection	hospital	28	7	Medical Necessity	
Outpatient	64483	Epidural steroid injection	multiple specialty site	25	1	Medical Necessity	
Outpatient	64483	Epidural steroid injection	neurosurgery	0	2	Medical Necessity	
Outpatient	64483	Epidural steroid injection	orthopaedic surgery	2	0		
Outpatient	64483	Epidural steroid injection	specialty hospitals	8	0		
Outpatient	64490	Facet joint injection/medial branch block	ambulatory surgery center	66	4	Medical Necessity	
Outpatient	64490	Facet joint injection/medial branch block	anesthesiology	41	2	Medical Necessity	
Outpatient	64490	Facet joint injection/medial branch block	diagnostic radiology	1	6	Medical Necessity	
Outpatient	64490	Facet joint injection/medial branch block	family practice	6	0		
Outpatient	64490	Facet joint injection/medial branch block	hospital	27	5	Medical Necessity	
Outpatient	64490	Facet joint injection/medial branch block	multiple specialty site	2	0		
Outpatient	64490	Facet joint injection/medial branch block	neurology	3	0		
Outpatient	64490	Facet joint injection/medial branch block	neurosurgery	0	2	Medical Necessity	
Outpatient	64490	Facet joint injection/medial branch block	orthopaedic surgery	3	3	Medical Necessity	
Outpatient	64490	Facet joint injection/medial branch block	specialty hospitals	1	2	Medical Necessity	
Outpatient	64490	Facet joint injection/medial branch block	sports medicine	2	0		
Outpatient	64491	Facet joint injection/medial branch block	hospital	0	1	Medical Necessity	
Outpatient	64493	Facet joint injection/medial branch block	ambulatory surgery center	74	9	Medical Necessity	
Outpatient	64493	Facet joint injection/medial branch block	anesthesiology	49	6	Medical Necessity	
Outpatient	64493	Facet joint injection/medial branch block	diagnostic radiology	2	0		
Outpatient	64493	Facet joint injection/medial branch block	general surgery	4	0		
Outpatient	64493	Facet joint injection/medial branch block	hospital	20	9	Medical Necessity	
Outpatient	64493	Facet joint injection/medial branch block	Hospital	5	3	Medical Necessity	
Outpatient	64493	Facet joint injection/medial branch block	multiple specialty site	18	2	Medical Necessity	
Outpatient	64493	Facet joint injection/medial branch block	neurology	2	0		
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		ido Prior Authorization Report- Aetha Life Insurance Co	mpany and Aetha Health Inc. as	required	by C.R.	5. 10-16-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	64493	Facet joint injection/medial branch block	orthopaedic surgery	2	0	2 01101 11000011	μροαί
Outpatient	64493	Facet joint injection/medial branch block	specialty hospitals	3	2	Medical Necessity	
Outpatient	64494	Facet joint injection/medial branch block	hospital	2	0	,	
Outpatient	64510	Regional sympathetic block	ambulatory surgery center	1	1	Medical Necessity	
Outpatient	64510	Regional sympathetic block	anesthesiology	1	0		
Outpatient	64510	Regional sympathetic block	multiple specialty site	1	0		
Outpatient	64520	Regional sympathetic block	ambulatory surgery center	1	0		
Outpatient	64520	Regional sympathetic block	anesthesiology	2	0		
Outpatient	64633	Spinal denervation RFA	ambulatory surgery center	41	4	Medical Necessity	1
Outpatient	64633	Spinal denervation RFA	anesthesiology	21	0		
Outpatient	64633	Spinal denervation RFA	diagnostic radiology	4	0		
Outpatient	64633	Spinal denervation RFA	family practice	8	0		
Outpatient	64633	Spinal denervation RFA	hospital	7	1	Medical Necessity	
Outpatient	64635	Spinal denervation RFA	ambulatory surgery center	39	8	Medical Necessity	
Outpatient	64635	Spinal denervation RFA	anesthesiology	37	3	Medical Necessity	
Outpatient	64635	Spinal denervation RFA	diagnostic radiology	4	2	Medical Necessity	
Outpatient	64635	Spinal denervation RFA	family practice	2	0		
Outpatient	64635	Spinal denervation RFA	general surgery	4	0		
Outpatient	64635	Spinal denervation RFA	hospital	12	3	Medical Necessity	
Outpatient	64635	Spinal denervation RFA	Hospital	3	0		
Outpatient	64635	Spinal denervation RFA	multiple specialty site	7	0		
Outpatient	64635	Spinal denervation RFA	specialty hospitals	2	0		
Outpatient	64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	Sports Medicine	1	0		
Outpatient	64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	Surgery	2	0		
Outpatient	64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	Surgery, Hand/Orthopedic	2	1	Administrative	
Outpatient	64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	Surgery, Orthopedic	1	0		
Outpatient	64890	NERVE GRAFT 1 STRAND HAND/FOOT 4 CM</td <td>Surgery, Plastic</td> <td>1</td> <td>0</td> <td></td> <td></td>	Surgery, Plastic	1	0		
Inpatient	64912	NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	Surgery, Plastic	1	0		
Inpatient	64912	NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	Surgery, Plastic and Reconstructive	1	0		
Outpatient	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Opthalmology	1	0		
Outpatient	67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	Retinal Opthalmology	1	0		
Outpatient	67900	REPAIR BROW PTOSIS	Opthalmology	1	0		
Outpatient	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	Opthalmology	1	0		
Outpatient	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	Opthalmology	3	0		
Outpatient	67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Opthalmology	1	0		
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Innotiont/		Ido Prior Authorization Report- Aetna Life Insurance Com	ipany and Aetha Health Inc. a	s required	DY C.R.	5. 10-16-112.5 (2 	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	69436	TYMPANOSTOMY GENERAL ANESTHESIA	General Practice	1	0		, ppour
Outpatient	69436	TYMPANOSTOMY GENERAL ANESTHESIA	Otolaryngology	14	0		
Outpatient	69436	TYMPANOSTOMY GENERAL ANESTHESIA	Otology	1	0		
Outpatient	69436	TYMPANOSTOMY GENERAL ANESTHESIA	Pediatric Otolaryngology	2	ο		
Inpatient	69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Surgery, Neurological	2	ο		
Outpatient	70336	Magnetic resonance (eg, proton) imaging, temporomandibular	diagnostic radiology	0	1	Medical Necessity	
Outpatient	70336	Magnetic resonance (eg, proton) imaging, temporomandibular	hospital	1	1	Medical Necessity	
Outpatient	70336	Magnetic resonance (eg, proton) imaging, temporomandibular	multiple specialty site	0	1	Medical Necessity	
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	ambulatory surgery center	1	ο		
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	cardiology	1	0		
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	critical care	1	0		
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	diagnostic radiology	51	11	Medical Necessity	
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	emergency medicine	1	0	·	
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	family practice	0	1	Medical Necessity	
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	general practice	1	0		
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	hospital	18	2	Medical Necessity	
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	Hospital	1	0		
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	internal medicine	1	0		
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	multiple specialty site	14	3	Medical Necessity	
Outpatient	70450	Computerized axial tomography, head or brain; without contrast	specialty hospitals	14	3	Medical Necessity	
Outpatient	70460	Computerized axial tomography, head or brain; with contrast	diagnostic radiology	0	3	Medical Necessity	
Outpatient	70460	Computerized axial tomography, head or brain; with contrast	hospital	4	1	Medical Necessity	
Outpatient	70460	Computerized axial tomography, head or brain; with contrast	medical oncology	6	0		
Outpatient	70460	Computerized axial tomography, head or brain; with contrast	multiple specialty site	0	1	Medical Necessity	
Outpatient	70460	Computerized axial tomography, head or brain; with contrast	otolaryngology	0	1	Medical Necessity	
Outpatient	70460	Computerized axial tomography, head or brain; with contrast	specialty hospitals	0	2	Medical Necessity	
		Computerized axial tomography, head or brain; without contrast		0	4		
Outpatient	70470	material, followed by contrast material(s) and further sections	diagnostic radiology	0	4	Medical Necessity	
Outpatient	70470	Computerized axial tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	multiple specialty site	1	2	Medical Necessity	
Outpatient	10410	Computerized axial tomography, head or brain; without contrast	multiple specially site			Wedical Necessity	
Outpatient	70470	material, followed by contrast material(s) and further sections	specialty hospitals	1	0		
		Computerized axial tomography, orbit, sella, or posterior fossa or		1	0		
Outpatient	70480	outer, middle or inner ear; without contrast material	ambulatory surgery center		Ŭ		
Outpatient	70480	Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle or inner ear; without contrast material	critical care	1	0		
oupation	10-00	Computerized axial tomography, orbit, sella, or posterior fossa or	onioarcarc				
Outpatient 2862983-01-02	70480	outer, middle or inner ear; without contrast material	diagnostic radiology	29	1	Medical Necessity	

		do Prior Authorization Report- Aetha Life Insurance Com	pany and Aetha Health Inc. as	s required	by C.R.	5. 10-16-112.5 (2)(C)(I)
Inpatient/	Procedure			Approved	Denied		Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denieu	Denial Reason	Appeal
		Computerized axial tomography, orbit, sella, or posterior fossa or		2	0		
Outpatient	70480	outer, middle or inner ear; without contrast material	Hospital	2	0		
		Computerized axial tomography, orbit, sella, or posterior fossa or		F	4		
Outpatient	70480	outer, middle or inner ear; without contrast material	hospital	5	1	Medical Necessity	
		Computerized axial tomography, orbit, sella, or posterior fossa or		~	0		
Outpatient	70480	outer, middle or inner ear; without contrast material	multiple specialty site	9	0		
		Computerized axial tomography, orbit, sella, or posterior fossa or		_	<u> </u>		
Outpatient	70480	outer, middle or inner ear; without contrast material	specialty hospitals	5	0		
		Computerized axial tomography, orbit, sella, or posterior fossa or			~		
Outpatient	70481	outer, middle or inner ear; with contrast material(s)	diagnostic radiology	1	0		
		Computerized axial tomography, orbit, sella, or posterior fossa or					
		outer, middle or inner ear; without contrast material, followed by		2	0		
Outpatient	70482	contrast material(s) and further sections	diagnostic radiology		-		
		Computerized tomography, maxillofacial area; without contrast					
Outpatient	70486	material	allergy immunology	2	0		
		Computerized tomography, maxillofacial area; without contrast	6, 4, 4, 6,				
Outpatient	70486	material	cardiology	2	0		
		Computerized tomography, maxillofacial area; without contrast					
Outpatient	70486	material	diagnostic radiology	153	14	Medical Necessity	1
0 0.100.000		Computerized tomography, maxillofacial area; without contrast					
Outpatient	70486	material	family practice	1	0		
- aspation		Computerized tomography, maxillofacial area; without contrast					
Outpatient	70486	material	general practice	2	0		
Capation	. 0-00	Computerized tomography, maxillofacial area; without contrast	general produce				
Outpatient	70486	material	general surgery	4	0		
Jupation	10400	Computerized tomography, maxillofacial area; without contrast	general surgery				
Outpatient	70486	material	hospital	25	5	Medical Necessity	
Julpatient	10400	Computerized tomography, maxillofacial area; without contrast	Ποσριται			moulou recessily	
Outpatient	70486	material	Hospital	20	0		1
Outpatient	10400	Computerized tomography, maxillofacial area; without contrast	Ποοριται				1
Outpatiant	70486	material	multiple specialty site	32	3	Medical Necessity	
Outpatient	10480	Computerized tomography, maxillofacial area; without contrast	multiple specialty site			medical necessity	
Outpatiant	70496	material	ontholmology	1	0		
Outpatient	70486		opthalmology				
Outpationt	70490	Computerized tomography, maxillofacial area; without contrast	atalam maalam i	42	1		
Outpatient	70486	material	otolaryngology			Medical Necessity	
Outre d'aut	70 100	Computerized tomography, maxillofacial area; without contrast	and a factor to a strate	8	2	Maalaal No oo oo	
Outpatient	70486	material	specialty hospitals			Medical Necessity	
		Computerized tomography, maxillofacial area; without contrast		5	0		
Outpatient	70486	material	surgery, head and neck	-	-		
_ ·		Computerized tomography, maxillofacial area; with contrast		6	1		
Outpatient	70487	material(s)	diagnostic radiology	Ŭ	•	Medical Necessity	
		Computerized tomography, maxillofacial area; with contrast		2	0		
Outpatient	70487	material(s)	hospital	_	5		

Inpatient/	Procedure	Ido Prior Authorization Report- Aetna Life Insurance Com	party and Actual field in file. a	1		5. 10 10 112.5 (2	Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
		Computerized tomography, maxillofacial area; with contrast					, ippour
Outpatient	70487	material(s)	multiple specialty site	1	0		
		Computerized tomography, maxillofacial area; with contrast		4	0		
Outpatient	70487	material(s)	specialty hospitals	I	0		
		Computed tomography, maxillofacial area; without contrast		1	0		
Outpatient	70488	material, followed by contrast material(s) and further sections	Hospital	•	Ū		
Outrations	70.400	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	h a suite l	0	1		
Outpatient	70488	Computed tomography, maxillofacial area; without contrast	hospital			Medical Necessity	
Outpatient	70488	material, followed by contrast material(s) and further sections	specialty hospitals	0	1	Medical Necessity	
oupution	10-00		specially hospitals			weatour veocoorty	
Outpatient	70490	Computed tomography, soft tissue neck; without contrast material	diagnostic radiology	4	2	Medical Necessity	
						-	
Outpatient	70490	Computed tomography, soft tissue neck; without contrast material	hospital	1	0		
				2	0		
Outpatient	70490	Computed tomography, soft tissue neck; without contrast material	medical oncology	2	0		
Outrationt	70.400	Computed tomography acft tique pack; without contract material		1	0		
Outpatient	70490	Computed tomography, soft tissue neck; without contrast material	multiple specialty site				
Outpatient	70490	Computed tomography, soft tissue neck; without contrast material	specialty hospitals	1	0		
Outpatient	70491	Computed tomography, soft tissue neck; with contrast material(s)	allergy immunology	1	0		
Outpatient	70491	Computed tomography, soft tissue neck; with contrast material(s)	critical care	1	0		
		Computed tomography, soft tissue neck; with contrast material(s)		1			
Outpatient	70491		diagnostic radiology	44	5	Medical Necessity	
Outpatient	70491	Computed tomography, soft tissue neck; with contrast material(s)	general practice	4	0		
Outpatient	70491	Computed tomography, soft tissue neck; with contrast material(s)	hematology oncology	0	3	Medical Necessity	
Outpatient	70491	Computed tomography, soft tissue neck; with contrast material(s)	hospital	14	0		
Outpatient	70491	Computed tomography, soft tissue neck; with contrast material(s)	Hospital	7	0		
Outpatient	70491	Computed tomography, soft tissue neck; with contrast material(s)	medical oncology	2	1	Medical Necessity	
Outpatient	70491	Computed tomography, soft tissue neck; with contrast material(s)	multiple specialty site	7	0		
Outpatient	70491	Computed tomography, soft tissue neck; with contrast material(s)	pediatrics	1	0		
Outpatient	70491	Computed tomography, soft tissue neck; with contrast material(s)	specialty hospitals	5	0		
Calputon	.0-01	Computed tomography, soft tissue neck; without contrast material	openany noophato	Ŭ			
Outpatient	70492	followed by contrast material(s) and further sections	anesthesiology	1	0		
•		Computed tomography, soft tissue neck; without contrast material		•			
Outpatient	70492	followed by contrast material(s) and further sections	diagnostic radiology	3	4	Medical Necessity	
		Computed tomography, soft tissue neck; without contrast material		0	1		
Outpatient	70492	followed by contrast material(s) and further sections	emergency medicine	U		Medical Necessity	
	70.400	Computed tomography, soft tissue neck; without contrast material	la e e sta l	1	1	Madia I Norrest	
Outpatient	70492	followed by contrast material(s) and further sections Computed tomography, soft tissue neck; without contrast material	hospital			Medical Necessity	
Outpatient	70492	followed by contrast material(s) and further sections	Hospital	1	0		
2862983-01-02	10432		riospitat				
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		ado Prior Authorization Report- Aetha Life Insurance Com	pany and Aetha Health Inc. as	s required	by C.R.	5. 10-16-112.5 (2	1
Inpatient/	Procedure Code	Procedure Code Description	Creation Consister Description	Approved	Denied	Deniel Desses	Overturned on
Outpatient	Code	Computed tomographic angiography, head, with contrast	Specialty-Servicing Provider			Denial Reason	Appeal
		material(s), including noncontrast images, if performed, and		~	0		
Outpatiant	70406	image postprocessing		2	0		
Outpatient	70496	Computed tomographic angiography, head, with contrast	critical care				
		material(s), including noncontrast images, if performed, and					
Outrationt	70.400	image postprocessing		38	0		
Outpatient	70496	Computed tomographic angiography, head, with contrast	diagnostic radiology				
		material(s), including noncontrast images, if performed, and		40	-		
Outpatiant	70406	image postprocessing	boonital	13	5		
Outpatient	70496	Computed tomographic angiography, head, with contrast	hospital			Medical Necessity	
		material(s), including noncontrast images, if performed, and		•	•		
Outpatiant	70496	image postprocessing	internal medicine	2	0		
Outpatient	70496	Computed tomographic angiography, head, with contrast	Internat medicine				
		material(s), including noncontrast images, if performed, and		0	0		
Outpatient	70496	image postprocessing	multiple specialty site	6	0		
Outpatient	70490	Computed tomographic angiography, head, with contrast	multiple specially site				
		material(s), including noncontrast images, if performed, and		44	1		
Outpatient	70496	image postprocessing	specialty hospitals	11		Medical Necessity	
outpution	10100	Computed tomographic angiography, neck, with contrast	opoolarly hoopitato			modical neocoory	
		material(s), including noncontrast images, if performed, and		14	2		
Outpatient	70498	image post processing	diagnostic radiology	14		Medical Necessity	
		Computed tomographic angiography, neck, with contrast				,	
		material(s), including noncontrast images, if performed, and		1	2		
Outpatient	70498	image post processing	Hospital			Medical Necessity	
·		Computed tomographic angiography, neck, with contrast	·			,	
		material(s), including noncontrast images, if performed, and		2	3		
Outpatient	70498	image post processing	hospital			Medical Necessity	
		Computed tomographic angiography, neck, with contrast					
		material(s), including noncontrast images, if performed, and		5	1		
Outpatient	70498	image post processing	multiple specialty site			Medical Necessity	
		Computed tomographic angiography, neck, with contrast					
		material(s), including noncontrast images, if performed, and		3	1		
Outpatient	70498	image post processing	specialty hospitals			Medical Necessity	
Outpatient	70540	Magnetic resonance imaging, orbit, face, and neck	hospital	1	1	Medical Necessity	
Outpatient	70540	Magnetic resonance imaging, orbit, face, and neck	multiple specialty site	1	0		
		Magnetic resonance (e.g., proton) imaging, orbit, face, and/or		0			
Outpatient	70542	neck; with contrast material(s)	diagnostic radiology	0	1	Medical Necessity	
		Magnetic resonance (e.g., proton) imaging, orbit, face, and/or					
		neck; without contrast material(s), followed by contrast material(s)		20	4		
Outpatient	70543	and further sequences	diagnostic radiology			Medical Necessity	
		Magnetic resonance (e.g., proton) imaging, orbit, face, and/or					
		neck; without contrast material(s), followed by contrast material(s)		1	0		
Outpatient	70543	and further sequences	family practice				
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Inpatient/	Procedure Code	Procedure Code Description	Specielty Consister Dresid	Approved	Denied	Deniel Deserve	Overturned on
Outpatient	Code	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or	Specialty-Servicing Provider			Denial Reason	Appeal
		neck; without contrast material(s), followed by contrast material(s)		1	0		
Outpatient	70543	and further sequences	general practice	I	0		
		Magnetic resonance (e.g., proton) imaging, orbit, face, and/or					
		neck; without contrast material(s), followed by contrast material(s)		1	0		
Outpatient	70543	and further sequences	hematology oncology				
		Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s)		_			
Outpatient	70543	and further sequences	hospital	5	4	Medical Necessity	
Jupatient	10040	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or	ποσριται			wiedioar wedessily	
		neck; without contrast material(s), followed by contrast material(s)		14	1		
Outpatient	70543	and further sequences	multiple specialty site			Medical Necessity	
		Magnetic resonance (e.g., proton) imaging, orbit, face, and/or					
Outra dia di	705 40	neck; without contrast material(s), followed by contrast material(s)	and the total sectors	1	0		
Outpatient	70543	and further sequences Magnetic resonance (e.g., proton) imaging, orbit, face, and/or	pediatrics				
		neck; without contrast material(s), followed by contrast material(s)		6	1		
Outpatient	70543	and further sequences	specialty hospitals	Ŭ	•	Medical Necessity	
Outpatient	70544	MRA head; wo contrast material	ambulatory surgery center	2	0		
Outpatient	70544	MRA head; wo contrast material	diagnostic radiology	37	3	Medical Necessity	
Outpatient	70544	MRA head; wo contrast material	family practice	1	0		
Outpatient	70544	MRA head; wo contrast material	hospital	6	1	Medical Necessity	
Outpatient	70544	MRA head; wo contrast material	multiple specialty site	7	2	Medical Necessity	
Outpatient	70544	MRA head; wo contrast material	pediatrics	1	0		
Outpatient	70544	MRA head; wo contrast material	specialty hospitals	5	0		
Outpatient	70545	Magnetic resonance angiography, head; with contrast material(s)	diagnostic radiology	2	0		
Outpatient	70545	Magnetic resonance angiography, head; with contrast material(s)	specialty hospitals	3	0		
	705 10	Magnetic resonance angiography, head; without and with contrast		7	2	Marilla de la companya de la company	
Outpatient	70546	material(s) Magnetic resonance angiography, head; without and with contrast	diagnostic radiology			Medical Necessity	
Outpatient	70546	material(s)	family practice	1	0		
		Magnetic resonance angiography, head; without and with contrast		_			
Outpatient	70546	material(s)	hospital	6	1	Medical Necessity	
• • • • •		Magnetic resonance angiography, head; without and with contrast		1	0		
Outpatient	70546	material(s)	specialty hospitals		-		
Outpatient	70547	MRA neck; wo contrast material	diagnostic radiology	2	0		
Outpatient	70547	MRA neck; wo contrast material	multiple specialty site	0	1	Medical Necessity	
		Magnetic resonance angiography, neck; without contrast		3	1		
Outpatient	70549	material(s), followed by contrast material(s) and further sequences	diagnostic radiology	-		Medical Necessity	

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		ado Prior Authorization Report- Aetna Life Insurance Comp	bany and Aetna Health Inc. a	is required	by C.R.	S. 10-16-112.5 (2	2)(c)(I)
Inpatient/	Procedure	Procedure Code Description		Approved	Denied	D	Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	111		Denial Reason	Appeal
Outpatient	70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	hospital	3	2	Medical Necessity	
Outpatient	70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	multiple specialty site	0	1	Medical Necessity	
Outpatient	70551	Magnetic resonance imaging, brain); without contrast material	ambulatory surgery center	4	0		
Outpatient	70551	Magnetic resonance imaging, brain); without contrast material	diagnostic radiology	177	8	Medical Necessity	1
Outpatient	70551	Magnetic resonance imaging, brain); without contrast material	emergency medicine	1	0		
Outpatient	70551	Magnetic resonance imaging, brain); without contrast material	family practice	1	0		
Outpatient	70551	Magnetic resonance imaging, brain); without contrast material	general practice	1	0		
Outpatient	70551	Magnetic resonance imaging, brain); without contrast material	hospital	54	11	Medical Necessity	
Outpatient	70551	Magnetic resonance imaging, brain); without contrast material	Hospital	7	2	Medical Necessity	
Outpatient	70551	Magnetic resonance imaging, brain); without contrast material	multiple specialty site	46	4	Medical Necessity	
Outpatient	70551	Magnetic resonance imaging, brain); without contrast material	pediatrics	2	0		
Outpatient	70551	Magnetic resonance imaging, brain); without contrast material	radiology nuclear	1	0		
Outpatient	70551	Magnetic resonance imaging, brain); without contrast material	specialty hospitals	26	1	Medical Necessity	
Outpatient	70552	Magnetic resonance imaging, brain with contrast material(s)	diagnostic radiology	1	2	Medical Necessity	
Outpatient	70552	Magnetic resonance imaging, brain with contrast material(s)	hospital	2	0		
Outpatient	70552	Magnetic resonance imaging, brain with contrast material(s)	multiple specialty site	1	1	Medical Necessity	
Outpatient	70552	Magnetic resonance imaging, brain with contrast material(s) Magnetic resonance (e.g., proton) imaging, brain (including brain	specialty hospitals	1	1	Medical Necessity	
Outpatient	70553	stem); without contrast material, followed by contrast materials(s) and further sequences Magnetic resonance (e.g., proton) imaging, brain (including brain	ambulatory surgery center	6	0		
Outpatient	70553	stem); without contrast material, followed by contrast materials(s) and further sequences Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast materials(c)	anesthesiology	2	0		
Outpatient	70553	stem); without contrast material, followed by contrast materials(s) and further sequences Magnetic resonance (e.g., proton) imaging, brain (including brain	cardiology	1	0		
Outpatient	70553	stem); without contrast material, followed by contrast materials(s) and further sequences Magnetic resonance (e.g., proton) imaging, brain (including brain	critical care	1	0		
Outpatient	70553	stem); without contrast material, followed by contrast materials(s) and further sequences Magnetic resonance (e.g., proton) imaging, brain (including brain	diagnostic radiology	288	22	Medical Necessity	
Outpatient	70553	stem); without contrast material, followed by contrast materials(s) and further sequences	emergency medicine	0	1	Medical Necessity	

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Inpatient/	Procedure	Ido Prior Authorization Report- Aetha Life Insurance Com	ipany and Actia Health IIC. a	I		.5. 10-10-112.5 (2	1
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
·		Magnetic resonance (e.g., proton) imaging, brain (including brain	,,				, ippour
		stem); without contrast material, followed by contrast materials(s)		5	2		
Outpatient	70553	and further sequences	family practice			Medical Necessity	
		Magnetic resonance (e.g., proton) imaging, brain (including brain					
Outpatient	70553	stem); without contrast material, followed by contrast materials(s) and further sequences	general practice	2	0		
Outpatient	10000	Magnetic resonance (e.g., proton) imaging, brain (including brain	general practice				
		stem); without contrast material, followed by contrast materials(s)		112	18		
Outpatient	70553	and further sequences	hospital			Medical Necessity	
		Magnetic resonance (e.g., proton) imaging, brain (including brain					
Outrationt	70550	stem); without contrast material, followed by contrast materials(s) and further sequences		9	4		
Outpatient	70553	Magnetic resonance (e.g., proton) imaging, brain (including brain	Hospital			Medical Necessity	
		stem); without contrast material, followed by contrast materials(s)		3	0		
Outpatient	70553	and further sequences	internal medicine	0	Ũ		
		Magnetic resonance (e.g., proton) imaging, brain (including brain					
		stem); without contrast material, followed by contrast materials(s)		67	9		
Outpatient	70553	and further sequences Magnetic resonance (e.g., proton) imaging, brain (including brain	multiple specialty site			Medical Necessity	
		stem); without contrast material, followed by contrast materials(s)		1	0		
Outpatient	70553	and further sequences	opthalmology	1	0		
-		Magnetic resonance (e.g., proton) imaging, brain (including brain					
		stem); without contrast material, followed by contrast materials(s)		1	0		
Outpatient	70553	and further sequences	orthopaedic surgery				
		Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material, followed by contrast materials(s)		53	0		
Outpatient	70553	and further sequences	specialty hospitals	53	2	Medical Necessity	
Outpatient	70554	Magnetic resonance imaging, brain, functional MRI	multiple specialty site	0	1	Medical Necessity	
Outpatient	70555	Magnetic resonance imaging, brain, functional MRI	hospital	1	0	· · · · · · · · · · · · · · · · · · ·	
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	ambulatory surgery center	1	0		
				2	0		
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	cardiology	-	-		
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	critical care	5	3	Medical Necessity	
Capation	. 1200		ontouro				
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	diagnostic radiology	125	22	Medical Necessity	
		• · · · · · · · · · · · · · · · · · · ·		1	0		
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	emergency medicine		Ŭ		
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	family practice	1	0		
Outpatient	1200	compatible and tomography, thorax, matout contrast material	raining practice				
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	hospital	35	7	Medical Necessity	1
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Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	Hospital	27	1	Medical Necessity	
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	medical oncology	9	1	Medical Necessity	
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	multiple specialty site	38	6	Medical Necessity	
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	otolaryngology	1	0		
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	pediatrics	0	1	Medical Necessity	
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	primary care physician	1	0		
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	rehabilitation medicine	2	1	Medical Necessity	
Outpatient	71250	Computerized axial tomography, thorax; without contrast material	specialty hospitals	25	3	Medical Necessity	
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	cardiology	6	0		
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	diagnostic radiology	106	8	Medical Necessity	
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	emergency medicine	2	0		
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	family practice	1	0		
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	general practice	6	0		
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	hematology oncology	3	0		
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	hospital	85	8	Medical Necessity	
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	Hospital	14	0		
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	internal medicine	2	0		
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	medical oncology	60	4	Medical Necessity	
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	multiple specialty site	37	1	Medical Necessity	
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	oncology	2	0		
Outpatient	71260	Computerized axial tomography, thorax; with contrast material	specialty hospitals	46	5	Medical Necessity	
Outpatient	71270	Computerized axial tomography, thorax; without contrast material, followed by contrast material(s) and further sections	diagnostic radiology	2	9	Medical Necessity	
Outpatient	71270	Computerized axial tomography, thorax; without contrast material, followed by contrast material(s) and further sections Computerized axial tomography, thorax; without contrast material,	hospital	2	1	Medical Necessity	
Outpatient	71270	followed by contrast material(s) and further sections Computed tomography, thorax, low dose for lung cancer	medical oncology	1	0		
Outpatient	71271	screening, without contrast material(s) Computed tomography, thorax, low dose for lung cancer	cardiology	1	0		
Outpatient	71271	screening, without contrast material(s) Computed tomography, thorax, low dose for lung cancer	diagnostic radiology	68	4	Medical Necessity	
Outpatient 2862983-01-02	71271	screening, without contrast material(s)	emergency medicine	1	0		

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Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on
Capaton	2000	Computed tomography, thorax, low dose for lung cancer	openanty on vieing rivider			Demaineason	Appeal
Outpatient	71271	screening, without contrast material(s)	family practice	2	0		
		Computed tomography, thorax, low dose for lung cancer		~	0		
Outpatient	71271	screening, without contrast material(s)	general practice	6	0		
		Computed tomography, thorax, low dose for lung cancer		23	13		
Outpatient	71271	screening, without contrast material(s)	hospital			Medical Necessity	
Outpatient	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Hospital	4	0		
Outpatient	11211	Computed tomography, thorax, low dose for lung cancer	Hospital				
Outpatient	71271	screening, without contrast material(s)	internal medicine	1	0		
•		Computed tomography, thorax, low dose for lung cancer			-		
Outpatient	71271	screening, without contrast material(s)	multiple specialty site	19	0		
		Computed tomography, thorax, low dose for lung cancer		1	0		
Outpatient	71271	screening, without contrast material(s)	opthalmology	1	0		
Outpationt	71071	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	opooidty boositals	5	1		
Outpatient	71271 71275	CTA chest; w/ & wo contrast material	specialty hospitals cardiology	1	0	Medical Necessity	
Outpatient	71275	CTA chest; w/ & wo contrast material	6,	26		Medical Necessity	
Outpatient Outpatient	71275	CTA chest; w/ & wo contrast material	diagnostic radiology emergency medicine	1	0	Medical Necessity	
Outpatient	71275	CTA chest; w/ & wo contrast material	family practice	1	0		
Outpatient	71275	CTA chest; w/ & wo contrast material	Hospital	4		Medical Necessity	
Outpatient	71275	CTA chest; w/ & wo contrast material	hospital	- 17		Medical Necessity	1
Outpatient	71275	CTA chest; w/ & wo contrast material	multiple specialty site	9		Medical Necessity	
Outpatient	71275	CTA chest; w/ & wo contrast material	specialty hospitals	9		Medical Necessity	
Outpatient	71550	Magnetic resonance (eg, proton) imaging, chest (eg, for eval)	diagnostic radiology	4		Medical Necessity	
Outpatient	71550	Magnetic resonance (eg, proton) imaging, chest (eg, for eval)	hospital	1	0	medical recounty	
Outpatient	71550	Magnetic resonance (eg, proton) imaging, chest (eg, for eval)	multiple specialty site	3	0		
Outpatient	71550	Magnetic resonance (eg, proton) imaging, chest (eg, for eval)	orthopaedic surgery	1	0		
Outpatient	71550	Magnetic resonance (eg, proton) imaging, chest (eg, for eval)	specialty hospitals	1	0		
		Magnetic resonance (e.g., proton) imaging, chest (e.g., for					
		evaluation of hilar and mediastinal lymphadenopathy); with		1	0		
Outpatient	71551	contrast material(s)	hospital				
		Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without					
		contrast material(s) followed by contrast material(s) and further		3	1		
Outpatient	71552	sequences	diagnostic radiology			Medical Necessity	
		Magnetic resonance (e.g., proton) imaging, chest (e.g., for				·····	
		evaluation of hilar and mediastinal lymphadenopathy); without			0		
		contrast material(s) followed by contrast material(s) and further		1	0		
Outpatient	71552	sequences	hospital				
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Inpatient/	Procedure	do Prior Authorization Report- Aetna Life Insurance Com				, , , , , , , , , , , , , , , , , , ,	
Outpatient		Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
		Magnetic resonance (e.g., proton) imaging, chest (e.g., for					πρροαι
		evaluation of hilar and mediastinal lymphadenopathy); without			-		
		contrast material(s) followed by contrast material(s) and further		1	0		
Outpatient		sequences	multiple specialty site				
		Magnetic resonance (e.g., proton) imaging, chest (e.g., for					
		evaluation of hilar and mediastinal lymphadenopathy); without		0	1		
		contrast material(s) followed by contrast material(s) and further		U U		March 199	
Outpatient	71552	sequences Magnatic reconance angiography, chect (excluding myocardium)	specialty hospitals			Medical Necessity	
Outpotiest		Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	hospital	2	1	Medical Necessity	
Outpatient		Magnetic resonance angiography, chest (excluding myocardium),	nospital			weucat necessity	
Outpatient		with or without contrast material(s)	Hospital	1	0		
Carpation		Magnetic resonance angiography, chest (excluding myocardium),	riospitat				
Outpatient		with or without contrast material(s)	specialty hospitals	1	0		
		Computerized axial tomography, cervical spine; without contrast	· · · · · · · · ·		~		
Outpatient	72125	material	diagnostic radiology	12	3	Medical Necessity	
		Computerized axial tomography, cervical spine; without contrast		0	4		
Outpatient	72125	material	family practice	0	1	Medical Necessity	
		Computerized axial tomography, cervical spine; without contrast		4	0		
Outpatient	72125	material Computerized axial tomography, cervical spine; without contrast	hospital		-		
Outpotiont	70105	Computerized axial tomography, cervical spine; without contrast material	multiple aposistic site	5	0		
Outpatient	72125	Computerized axial tomography, cervical spine; without contrast	multiple specialty site				
Outpatient	72125	material	specialty hospitals	1	0		
Juputon		Computerized axial tomography, cervical spine; with contrast	opeolary noopitalo				
Outpatient	72126	material	diagnostic radiology	1	0		
	-	Computerized axial tomography, cervical spine; with contrast		,	~		
Outpatient	72126	material	hospital	1	0		
		Computerized axial tomography, cervical spine; with contrast		0	1		
Outpatient	72126	material	multiple specialty site	0	1	Medical Necessity	
		Computerized axial tomography, cervical spine; with contrast		1	0		
Outpatient	72126	material	specialty hospitals	•	2		
Outpart	70107	Computerized axial tomography, cervical spine; without contrast material followed by contrast material(s) and further sections	multiple anatistic "	0	1	Modical News	
Outpatient	72127	material, followed by contrast material(s) and further sections Computerized axial tomography, thoracic spine; without contrast	multiple specialty site			Medical Necessity	
Outpatient	72128	material	diagnostic radiology	6	3	Medical Necessitv	
Juipaneni	12120	Computerized axial tomography, thoracic spine; without contrast	alignostic radiology			Medical Necessily	
Outpatient	72128	material	hospital	0	1	Medical Necessity	
		Computerized axial tomography, lumbar spine; without contrast					
Outpatient	72131	material	diagnostic radiology	22	5	Medical Necessity	
		Computerized axial tomography, lumbar spine; without contrast	<u>.</u>	~	2	-	
Outpatient	72131	material	hospital	3	3	Medical Necessity	
		Computerized axial tomography, lumbar spine; without contrast		6	0		
Outpatient	72131	material	multiple specialty site	U	0		
2862983-01-02 Propriotory							

Inpatient/	Procedure	ado Prior Authorization Report- Aetha Life Insurance Com			Ĺ		Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	l Denied	Denial Reason	Appeal
		Computerized axial tomography, lumbar spine; without contrast					rippeur
Outpatient	72131	material	orthopaedic surgery	0	1	Medical Necessity	
		Computerized axial tomography, lumbar spine; without contrast		1	0		
Outpatient	72131	material	specialty hospitals	I	0		
		Computerized axial tomography, lumbar spine; with contrast		0	1		
Outpatient	72132	material	diagnostic radiology	·		Medical Necessity	
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	ambulatory surgery center	4	0		
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	diagnostic radiology	142	65	Medical Necessity	
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	family practice	1	1	Medical Necessity	
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	general practice	2	0		
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	hospital	30	19	Medical Necessity	
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	Hospital	7	0		
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	multiple specialty site	44	25	Medical Necessity	
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	opthalmology	1	0	medioarmeoessity	
-				20			
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	orthopaedic surgery	38	4	Medical Necessity	
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	outpatient clinic	1	1	Medical Necessity	
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	pediatrics	1	0		
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	radiology nuclear	1	0		
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	rehabilitation medicine	2	0		
Outpatient	72141	Magnetic resonance imaging, spinal canal and contents, cervical	specialty hospitals	14	2	Medical Necessity	
		Magnetic resonance (e.g., proton) imaging, spinal canal and			0		
Outpatient	72142	contents, cervical; with contrast material(s)	diagnostic radiology	1	2	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and		43	19		
Outpatient	72146	contents, thoracic; without contrast material	diagnostic radiology	10	10	Medical Necessity	
Outractions	70140	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	for an its source stices	1	0		
Outpatient	72146	Magnetic resonance (eg, proton) imaging, spinal canal and	family practice				
Outpatient	72146	contents, thoracic; without contrast material	hospital	10	0		
Carpanoni		Magnetic resonance (eg, proton) imaging, spinal canal and					
Outpatient	72146	contents, thoracic; without contrast material	multiple specialty site	6	2	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and		7			
Outpatient	72146	contents, thoracic; without contrast material	orthopaedic surgery	7	I	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and		1	0		
Outpatient	72146	contents, thoracic; without contrast material	specialty hospitals	•	Ū		
Outractions	70147	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic-; with contrast material(s)		0	1		
Outpatient	72147	Magnetic resonance (e.g., proton) imaging, spinal canal and	diagnostic radiology			Medical Necessity	
Outpatient	72147	contents, thoracic-; with contrast material(s)	specialty hospitals	2	0		
Calpation	12171	Magnetic resonance (eg, proton) imaging, spinal canal and	specially nospitals				
Outpatient	72148	contents, lumbar; without contrast material	ambulatory surgery center	0	2	Medical Necessity	
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		do Prior Authorization Report- Aetha Life Insurance Com	pany and Aetha Health Inc. as	required	DY C.R.	5. 10-10-112.5 (2	
Inpatient/	Procedure			Approved	Denied		Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	ripprovou	Derneu	Denial Reason	Appeal
		Magnetic resonance (eg, proton) imaging, spinal canal and		2	1		
Outpatient	72148	contents, lumbar; without contrast material	anesthesiology	-	•	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and		0	1		
Outpatient	72148	contents, lumbar; without contrast material	cardiology	Ŭ		Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and		234	108		
Outpatient	72148	contents, lumbar; without contrast material	diagnostic radiology	204	100	Medical Necessity	1
		Magnetic resonance (eg, proton) imaging, spinal canal and		1	1		
Outpatient	72148	contents, lumbar; without contrast material	family practice	4	1	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and		0	0		
Outpatient	72148	contents, lumbar; without contrast material	general practice	0	2	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and		20	20		
Outpatient	72148	contents, lumbar; without contrast material	hospital	30	22	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and			~		
Outpatient	72148	contents, lumbar; without contrast material	Hospital	11	3	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and		~			
Outpatient	72148	contents, lumbar; without contrast material	internal medicine	0	1	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and		~~	10		
Outpatient	72148	contents, lumbar; without contrast material	multiple specialty site	63	18	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and			~		
Outpatient	72148	contents, lumbar; without contrast material	neurology	1	0		
		Magnetic resonance (eg, proton) imaging, spinal canal and			40		
Outpatient	72148	contents, lumbar; without contrast material	orthopaedic surgery	60	12	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, spinal canal and		-	~		
Outpatient	72148	contents, lumbar; without contrast material	outpatient clinic	3	2	Medical Necessity	
-		Magnetic resonance (eg, proton) imaging, spinal canal and	-	r.			
Outpatient	72148	contents, lumbar; without contrast material	pediatrics	0	1	Medical Necessity	
-		Magnetic resonance (eg, proton) imaging, spinal canal and	-				
Outpatient	72148	contents, lumbar; without contrast material	rehabilitation medicine	1	1	Medical Necessity	
-		Magnetic resonance (eg, proton) imaging, spinal canal and			-		
Outpatient	72148	contents, lumbar; without contrast material	specialty hospitals	13	4	Medical Necessity	
·		Magnetic resonance (e.g., proton) imaging, spinal canal and	- - •			,	
Outpatient	72149	contents, lumbar; with contrast material(s)	diagnostic radiology	0	1	Medical Necessity	
	-	Magnetic resonance (e.g., proton) imaging, spinal canal and)	
Outpatient	72149	contents, lumbar; with contrast material(s)	multiple specialty site	0	1	Medical Necessity	
• • •	· · · · ·	Magnetic resonance (e.g., proton) imaging, spinal canal and				· · ····	
Outpatient	72149	contents, lumbar; with contrast material(s)	orthopaedic surgery	1	0		
	· · · · ·	Magnetic resonance (e.g., proton) imaging, spinal canal and					
		contents, without contrast material, followed by contrast		39	5		
Outpatient	72156	material(s) and further sequences; cervical	diagnostic radiology	50		Medical Necessity	
1		Magnetic resonance (e.g., proton) imaging, spinal canal and	<u> </u>				
		contents, without contrast material, followed by contrast		2	0		
Outpatient	72156	material(s) and further sequences; cervical	family practice	-	-		

		Ido Prior Authorization Report- Aetha Life Insurance Com	party and Aetha Health Inc. as	required	by C.R.	3. 10-10-112.5 (2	
Inpatient/	Procedure	Droodure Code Description		Approved	Denied	D D	Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider			Denial Reason	Appeal
		Magnetic resonance (e.g., proton) imaging, spinal canal and					
		contents, without contrast material, followed by contrast		15	1		
Outpatient	72156	material(s) and further sequences; cervical	hospital			Medical Necessity	
		Magnetic resonance (e.g., proton) imaging, spinal canal and					
		contents, without contrast material, followed by contrast		6	0		
Outpatient	72156	material(s) and further sequences; cervical	multiple specialty site				
		Magnetic resonance (e.g., proton) imaging, spinal canal and					
		contents, without contrast material, followed by contrast		3	0		
Outpatient	72156	material(s) and further sequences; cervical	pediatrics				
		Magnetic resonance (e.g., proton) imaging, spinal canal and					
		contents, without contrast material, followed by contrast		8	0		
Outpatient	72156	material(s) and further sequences; cervical	specialty hospitals				
		Magnetic resonance (e.g., proton) imaging, spinal canal and					
		contents, without contrast material, followed by contrast		1	0		
Outpatient	72156	material(s) and further sequences; cervical	urgent care				
		Magnetic resonance (e.g., proton) imaging, spinal canal and	-				
		contents, without contrast material, followed by contrast		10	0		
Outpatient	72157	material(s) and further sequences; thoracic	diagnostic radiology		•		
•		Magnetic resonance (e.g., proton) imaging, spinal canal and	6 6,				
		contents, without contrast material, followed by contrast		1	0		
Outpatient	72157	material(s) and further sequences; thoracic	family practice	•	Ū		
		Magnetic resonance (e.g., proton) imaging, spinal canal and					
		contents, without contrast material, followed by contrast		12	2		
Outpatient	72157	material(s) and further sequences; thoracic	hospital	12	2	Medical Necessity	
eupationt		Magnetic resonance (e.g., proton) imaging, spinal canal and					
		contents, without contrast material, followed by contrast		7	0		
Outpatient	72157	material(s) and further sequences; thoracic	multiple specialty site	'	U		
oupation		Magnetic resonance (e.g., proton) imaging, spinal canal and					
		contents, without contrast material, followed by contrast		1	0		
Outpatient	72157	material(s) and further sequences; thoracic	sleep diagnostic center		0		
ouputon	12101	Magnetic resonance (e.g., proton) imaging, spinal canal and	cloop alagnootic conten				
		contents, without contrast material, followed by contrast		2	0		
Outpatient	72157	material(s) and further sequences; thoracic	specialty hospitals	2	0		
outpatient	12101	Magnetic resonance (e.g., proton) imaging, spinal canal and	specially nospitals				
		contents, without contrast material, followed by contrast		10	0		
Outpatient	72158	material(s) and further sequences; lumbar	diagnostic radiology	19	9	Medical Necessity	
Outpatient	12156	Magnetic resonance (e.g., proton) imaging, spinal canal and	ulagnostic radiology			Medical Necessity	
		contents, without contrast material, followed by contrast			~		
Outpatiant	70150	material(s) and further sequences; lumbar	family preation	1	0		
Outpatient	72158	Magnetic resonance (e.g., proton) imaging, spinal canal and	family practice				
		contents, without contrast material, followed by contrast		-			
Outpationt	70150	material(s) and further sequences; lumbar	booxital	7	4	Madical Nacassity	
Outpatient	72158	המנהומונשן מווע ועו נוופו שבקעבווניבש, ועודושמו	hospital			Medical Necessity	

Inpatient/	Procedure	In the insurance com		I			
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
		Magnetic resonance (e.g., proton) imaging, spinal canal and					
	70/50	contents, without contrast material, followed by contrast		4	4		
Outpatient	72158	material(s) and further sequences; lumbar Magnetic resonance (e.g., proton) imaging, spinal canal and	multiple specialty site			Medical Necessity	
		contents, without contrast material, followed by contrast		•	~		
Outpatient	72158	material(s) and further sequences; lumbar	orthopaedic surgery	2	0		
Outpatient	72150	Magnetic resonance (e.g., proton) imaging, spinal canal and	or mopaedic surgery				
		contents, without contrast material, followed by contrast		3	0		
Outpatient	72158	material(s) and further sequences; lumbar	specialty hospitals	Ū	Ū		
Outpatient	72192	Computerized axial tomography, pelvis; without contrast material	diagnostic radiology	6	3	Medical Necessity	
Outpatient	72192	Computerized axial tomography, pelvis; without contrast material	general practice	1	0		
Outpatient	72192	Computerized axial tomography, pelvis; without contrast material	multiple specialty site	4	3	Medical Necessity	
Outpatient	72192	Computerized axial tomography, pelvis; without contrast material	outpatient clinic	0	1	Medical Necessity	
Outpatient	72193	Computed tomography, pelvis; with contrast material(s)	diagnostic radiology	6	1	Medical Necessity	
Outpatient	72193	Computed tomography, pelvis; with contrast material(s)	hospital	1	0		
Outpatient	72193	Computed tomography, pelvis; with contrast material(s)	multiple specialty site	1	1	Medical Necessity	
		Computed tomography, pelvis; without contrast material, followed			0		
Outpatient	72194	by contrast material(s) and further sections	Hospital	1	0		
		Computed tomography, pelvis; without contrast material, followed		0	1		
Outpatient	72194	by contrast material(s) and further sections	multiple specialty site	Ŭ		Medical Necessity	
	70105	Magnetic resonance (eg, proton) imaging, pelvis; without contrast	and the second second	0	1		
Outpatient	72195	material(s) Magnetic resonance (eg, proton) imaging, pelvis; without contrast	ambulatory surgery center			Medical Necessity	
Outpatient	72195	material(s)	diagnostic radiology	27	7	Medical Necessity	
Outpution	12100	Magnetic resonance (eg, proton) imaging, pelvis; without contrast	alagnostionaalology			Medioarteocosity	
Outpatient	72195	material(s)	family practice	1	0		
		Magnetic resonance (eg, proton) imaging, pelvis; without contrast					
Outpatient	72195	material(s)	hospital	5	1	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, pelvis; without contrast		1	0		
Outpatient	72195	material(s)	Hospital	1	0		
		Magnetic resonance (eg, proton) imaging, pelvis; without contrast		7	4		
Outpatient	72195	material(s)	multiple specialty site	•	•	Medical Necessity	
	70105	Magnetic resonance (eg, proton) imaging, pelvis; without contrast	a dha an a Rain an a	3	0		
Outpatient	72195	material(s) Magnetic resonance (eg, proton) imaging, pelvis; without contrast	orthopaedic surgery				
Outpatient	72195	material(s)	primary care physician	1	0		
Outputient	12100	Magnetic resonance (eg, proton) imaging, pelvis; without contrast	prinary care physician				
Outpatient	72195	material(s)	specialty hospitals	1	1	Medical Necessity	
1. · · ·		Magnetic resonance (eg, proton) imaging, pelvis; with contrast		_		 	
Outpatient	72196	material(s)	diagnostic radiology	0	1	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, pelvis; with contrast		0	4		
Outpatient	72196	material(s)	hospital	0	1	Medical Necessity	
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Inpationt/		Ido Prior Authorization Report- Aetha Life Insurance Com	iparty and Aetha Health Inc. a	siequireu	Dy C.R.	3. 10-10-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Drovider	Approved	Denied	Donial Bassar	Overturned on
Outpatient	Coue	Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Specialty-Servicing Provider			Denial Reason	Appeal
Outpatient	72196	magnetic resonance (cg, proton) inaging, petvis, with contrast	multiple specialty site	0	2	Medical Necessity	
Calpatient	12100		maniple specially site			inculture incodestly	
		Magnetic resonance (eg, proton) imaging, pelvis; without contrast		1	0		
Outpatient	72197	material(s), followed by contrast material(s) and further sequences	ambulatory surgery center				
		Magnetic resonance (eg, proton) imaging, pelvis; without contrast		71	7		
Outpatient	72197	material(s), followed by contrast material(s) and further sequences	diagnostic radiology			Medical Necessity	
		· · · · · · · · · · · · · · · ·					
		Magnetic resonance (eg, proton) imaging, pelvis; without contrast		37	4		
Outpatient	72197	material(s), followed by contrast material(s) and further sequences	hospital			Medical Necessity	
		Magnetic resonance (eg, proton) imaging, pelvis; without contrast		0	0		
Outpatient	72197	material(s), followed by contrast material(s) and further sequences	Hospital	8	0		
Outpatient	12101		riospitat				
		Magnetic resonance (eg, proton) imaging, pelvis; without contrast		30	2		
Outpatient	72197	material(s), followed by contrast material(s) and further sequences	multiple specialty site		-	Medical Necessity	
·							
		Magnetic resonance (eg, proton) imaging, pelvis; without contrast		2	0		
Outpatient	72197	material(s), followed by contrast material(s) and further sequences	pediatrics				
• • • • •		Magnetic resonance (eg, proton) imaging, pelvis; without contrast		23	1		
Outpatient	72197	material(s), followed by contrast material(s) and further sequences	specialty hospitals			Medical Necessity	
		Magnetic resonance (eg, proton) imaging, pelvis; without contrast			0		
Outpatient	72197	material(s), followed by contrast material(s) and further sequences	sports medicine	1	0		
oupution	12101	Magnetic resonance angiography, pelvis, with or without contrast	sports mediome				
Outpatient	72198	material(s)	diagnostic radiology	3	0		
·		Computed tomography, upper extremity; without contrast			_		
Outpatient	73200	material	diagnostic radiology	21	2	Medical Necessity	
		Computed tomography, upper extremity; without contrast		4	2		
Outpatient	73200	material	hospital	4	3	Medical Necessity	
		Computed tomography, upper extremity; without contrast		13	1		
Outpatient	73200	material	multiple specialty site		-	Medical Necessity	
Outpotiont	70000	Computed tomography, upper extremity; without contrast material	orthopoodie europe	9	1		
Outpatient	73200	Computed tomography, upper extremity; without contrast	orthopaedic surgery			Medical Necessity	
Outpatient	73200	material	rehabilitation medicine	1	0		
Capation		Computed tomography, upper extremity; without contrast					
Outpatient	73200	material	specialty hospitals	1	0		
·					-		
Outpatient	73201	Computed tomography, upper extremity; with contrast material(s)	diagnostic radiology	1	0		
				1	~		
Outpatient	73201	Computed tomography, upper extremity; with contrast material(s)	multiple specialty site	I	0		
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		ado Prior Authorization Report- Aetna Life Insurance Com	pany and Aetna Health Inc. a	s required	by C.R.	5. 10-16-112.5 (2)(c)(l)
Inpatient/	Procedure			Approved	Donied		Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
	•	· · ·				•	
Outpatient	73201	Computed tomography, upper extremity; with contrast material(s)	orthopaedic surgery	1	0		
		Computed tomographic angiography, upper extremity, with					
		contrast material(s), including noncontrast images, if performed,		0	1		
Outpatient	73206	and image postprocessing	diagnostic radiology			Medical Necessity	
		Magnetic resonance (eg, proton) imaging, upper extremity, other					
Outpatient	73218	than joint; without contrast material(s)	diagnostic radiology	20	8	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, upper extremity, other					
Outpatient	73218	than joint; without contrast material(s)	multiple specialty site	15	2	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, upper extremity, other					
Outpatient	73218	than joint; without contrast material(s)	orthopaedic surgery	18	0		
		Magnetic resonance (eg, proton) imaging, upper extremity, other					
Outpatient	73218	than joint; without contrast material(s)	outpatient clinic	1	0		
		Magnetic resonance (eg, proton) imaging, upper extremity, other	·				
Outpatient	73218	than joint; without contrast material(s)	specialty hospitals	3	0		
		Magnetic resonance (eg, proton) imaging, upper extremity, other					
		than joint; without contrast material(s), followed by contrast		5	0		
Outpatient	73220	material(s) and further sequences	diagnostic radiology	Ũ	Ũ		
Carpanoni		Magnetic resonance (eg, proton) imaging, upper extremity, other	a.a.g con c. a a.o.o.g,				
		than joint; without contrast material(s), followed by contrast		1	0		
Outpatient	73220	material(s) and further sequences	hospital	1	0		
ouputon	10220	Magnetic resonance (eg, proton) imaging, upper extremity, other	hoopitat				
		than joint; without contrast material(s), followed by contrast		1	0		
Outpatient	73220	material(s) and further sequences	orthopaedic surgery	1	0		
ouputon	10220	Magnetic resonance (eg, proton) imaging, upper extremity, other	or thopadale daigery				
		than joint; without contrast material(s), followed by contrast		1	0		
Outpatient	73220	material(s) and further sequences	pediatrics	•	U		
ouputon	10220	Magnetic resonance (eg, proton) imaging, any joint of upper	poalatiloo				
Outpatient	73221	extremity; without contrast material(s)	ambulatory surgery center	1	0		
outputient	TOLLI	Magnetic resonance (eg, proton) imaging, any joint of upper	ambalatory surgery conter				
Outpatient	73221	extremity; without contrast material(s)	diagnostic radiology	195	82	Medical Necessity	1
outpatient	13221	Magnetic resonance (eg, proton) imaging, any joint of upper	alagnostic radiology			Wealcarivecessity	•
Outpatient	73221	extremity; without contrast material(s)	family practice	0	1	Medical Necessity	
Outpatient	15221	Magnetic resonance (eg, proton) imaging, any joint of upper	Tarrity practice			Medical Necessity	
Outpatient	73221	extremity; without contrast material(s)	general practice	0	2	Medical Necessity	
Outpatient	15221	Magnetic resonance (eg, proton) imaging, any joint of upper	general practice			Medical Necessity	
Outpatient	73221	extremity; without contrast material(s)	hospital	25	9	Medical Necessity	
Outpatient	13221	Magnetic resonance (eg, proton) imaging, any joint of upper	nospitat			Medical Necessity	
Outpatiant	73221	extremity; without contrast material(s)	Hoopital	5	7		
Outpatient	13221	Magnetic resonance (eg, proton) imaging, any joint of upper	Hospital			Medical Necessity	
Outpatiant	70001	extremity; without contrast material(s)	multiple openialty site	83	16	Madical Naccost	
Outpatient	73221	Magnetic resonance (eg, proton) imaging, any joint of upper	multiple specialty site			Medical Necessity	
Outpatiant	70004	extremity; without contrast material(s)	orthopoodic auroom	127	12	Madical Naccost	
Outpatient	73221	oxitemity, without contrast material(s)	orthopaedic surgery			Medical Necessity	

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Inpatient/	Procedure	ado Prior Authorization Report- Aetha Life Insurance Com		- cquired	<i></i>		
Outpatient		Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
		Magnetic resonance (eg, proton) imaging, any joint of upper			<u> </u>		
Outpatient	73221	extremity; without contrast material(s)	outpatient clinic	8	0		
		Magnetic resonance (eg, proton) imaging, any joint of upper			0		
Outpatient	73221	extremity; without contrast material(s)	radiology nuclear	1	0		
		Magnetic resonance (eg, proton) imaging, any joint of upper		-			
Outpatient	73221	extremity; without contrast material(s)	specialty hospitals	7	1	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of upper		40	-		
Outpatient	73222	extremity; with contrast material(s)	diagnostic radiology	40	5	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of upper		~			
Outpatient	73222	extremity; with contrast material(s)	family practice	0	1	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of upper			0		
Outpatient	73222	extremity; with contrast material(s)	Hospital	1	0		
		Magnetic resonance (eg, proton) imaging, any joint of upper		0	0		
Outpatient	73222	extremity; with contrast material(s)	hospital	3	0		
		Magnetic resonance (eg, proton) imaging, any joint of upper		~	4		
Outpatient	73222	extremity; with contrast material(s)	multiple specialty site	3	1	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of upper		<u> </u>	4		
Outpatient	73222	extremity; with contrast material(s)	orthopaedic surgery	8	1	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of upper		4	~		
Outpatient	73222	extremity; with contrast material(s)	primary care physician	1	0		
		Magnetic resonance (eg, proton) imaging, any joint of upper					
		extremity; without contrast material(s), followed by contrast		3	3		
Outpatient	73223	material(s) and further sequences	diagnostic radiology			Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of upper					
		extremity; without contrast material(s), followed by contrast		1	0		
Outpatient	73223	material(s) and further sequences	emergency medicine				
		Magnetic resonance (eg, proton) imaging, any joint of upper					
		extremity; without contrast material(s), followed by contrast		1	1		
Outpatient	73223	material(s) and further sequences	hospital			Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of upper					
		extremity; without contrast material(s), followed by contrast		1	1		
Outpatient	73223	material(s) and further sequences	multiple specialty site			Medical Necessity	
				4	0		
Outpatient	73700	Computed tomography, lower extremity; without contrast material	cardiology	1	0		
				70	6		
Outpatient	73700	Computed tomography, lower extremity; without contrast material	diagnostic radiology	37	6	Medical Necessity	
				А	~		
Outpatient	73700	Computed tomography, lower extremity; without contrast material	Hospital	4	0		
				00	А		
Outpatient	73700	Computed tomography, lower extremity; without contrast material	hospital	22	4	Medical Necessity	
				0	2		
Outpatient	73700	Computed tomography, lower extremity; without contrast material	multiple specialty site	8	3	Medical Necessity	
				44	4		
Outpatient	73700	Computed tomography, lower extremity; without contrast material	orthopaedic surgery	11	1	Medical Necessity	
2862983-01-02							
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		ado Prior Authorization Report- Aetna Life Insurance Com	bany and Aetha Health Inc. as	srequired	by C.R.	5. 10-16-112.5 (2	
Inpatient/	Procedure	Broodure Code Description		Approved	Denied	Destables	Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider			Denial Reason	Appeal
Outpatient	73700	Computed tomography, lower extremity; without contrast material	outpatient clinic	1	0		
Outpatient	73700	Computed tomography, lower extremity; without contrast material	specialty hospitals	6	2	Medical Necessity	
Outpatient	73701	Computed tomography, lower extremity; with contrast material(s)	diagnostic radiology	1	0		
Outpatient	73701	Computed tomography, lower extremity; with contrast material(s) Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed,	multiple specialty site	1	0		
Outpatient	73706	and image postprocessing Magnetic resonance (eg, proton) imaging, lower extremity other	diagnostic radiology	0	I	Medical Necessity	
Outpatient	73718	than joint; without contrast material(s) Magnetic resonance (eg, proton) imaging, lower extremity other	diagnostic radiology	74	17	Medical Necessity	
Outpatient	73718	than joint; without contrast material(s) Magnetic resonance (eg, proton) imaging, lower extremity other	emergency medicine	1	0		
Outpatient	73718	than joint; without contrast material(s) Magnetic resonance (eg, proton) imaging, lower extremity other	family practice	1	1	Medical Necessity	
Outpatient	73718	than joint; without contrast material(s) Magnetic resonance (eg, proton) imaging, lower extremity other	general practice	1	1	Medical Necessity	
Outpatient	73718	than joint; without contrast material(s)	hospital	10	5	Medical Necessity	1
Outpatient	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Hospital	1	0		
Outpatient	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	multiple specialty site	19	3	Medical Necessity	
Outpatient	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	orthopaedic surgery	36	1	Medical Necessity	
Outpatient	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	specialty hospitals	2	0		
Outracticat	70700	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(c) and further accurace		1	0		
Outpatient	73720	material(s) and further sequences Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	anesthesiology	14	3		
Outpatient	73720	material(s) and further sequences Magnetic resonance (eg, proton) imaging, lower extremity other	diagnostic radiology	Τ	5	Medical Necessity	
Outpatient	73720	than joint; without contrast material(s), followed by contrast material(s) and further sequences Magnetic resonance (eg, proton) imaging, lower extremity other	general practice	1	0		
Outpatient	73720	than joint; without contrast material(s), followed by contrast material(s) and further sequences	hospital	3	0		
		Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast		3	1		
Outpatient	73720	material(s) and further sequences	multiple specialty site			Medical Necessity	

Inpatient/		Ido Prior Authorization Report- Aetha Life insurance Com			by C.N.	J. 10-10-112.J (2	
Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
		Magnetic resonance (eg, proton) imaging, lower extremity other					
-		than joint; without contrast material(s), followed by contrast		1	0		
Outpatient	73720	material(s) and further sequences	orthopaedic surgery				
		Magnetic resonance (eg, proton) imaging, lower extremity other					
_	_	than joint; without contrast material(s), followed by contrast		7	1		
Outpatient	73720	material(s) and further sequences	specialty hospitals			Medical Necessity	
.		Magnetic resonance (eg, proton) imaging, any joint of lower		1	0		
Outpatient	73721	extremity; without contrast material	ambulatory surgery center		~		
A · · · ·	3055	Magnetic resonance (eg, proton) imaging, any joint of lower		3	0		
Outpatient	73721	extremity; without contrast material	anesthesiology	-	~		
0 · · · ·	3055	Magnetic resonance (eg, proton) imaging, any joint of lower		433	90	Madridat	
Outpatient	73721	extremity; without contrast material	diagnostic radiology			Medical Necessity	1
O	70704	Magnetic resonance (eg, proton) imaging, any joint of lower		3	0		
Outpatient	73721	extremity; without contrast material	emergency medicine	-			
Ot tititititititi	70701	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		4	3	Modical National	
Outpatient	73721	extremity; without contrast material Magnetic resonance (eg, proton) imaging, any joint of lower	family practice			Medical Necessity	
Outpotiont	70704	extremity; without contrast material	annoral practice	2	0		
Outpatient	73721	Magnetic resonance (eg, proton) imaging, any joint of lower	general practice				
Outpotiont	73721	extremity; without contrast material	haspital	53	26	Medical Necessity	
Outpatient	13121	Magnetic resonance (eg, proton) imaging, any joint of lower	hospital			weucal necessily	
Outpatient	73721	extremity; without contrast material	Hospital	16	1	Medical Necessity	
Jaipalielli	13121	Magnetic resonance (eg, proton) imaging, any joint of lower	ιοοριται			medical Necessily	
Outpatient	73721	extremity; without contrast material	multiple specialty site	132	12	Medical Necessity	1
oupatient	19121	Magnetic resonance (eg, proton) imaging, any joint of lower	maniple specially sile			Medical Necessily	
Outpatient	73721	extremity; without contrast material	neurosurgery	1	0		
Japadon	10121	Magnetic resonance (eg, proton) imaging, any joint of lower	nou oburger y				
Outpatient	73721	extremity; without contrast material	opthalmology	1	0		
- 2.041011		Magnetic resonance (eg, proton) imaging, any joint of lower					
Outpatient	73721	extremity; without contrast material	orthopaedic surgery	290	11	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of lower	······································				
Outpatient	73721	extremity; without contrast material	outpatient clinic	14	0		
	-	Magnetic resonance (eg, proton) imaging, any joint of lower	• • •				
Outpatient	73721	extremity; without contrast material	pediatrics	3	2	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of lower	-	-	-	, ,	
Outpatient	73721	extremity; without contrast material	radiology nuclear	3	0		
		Magnetic resonance (eg, proton) imaging, any joint of lower			-		
Outpatient	73721	extremity; without contrast material	rehabilitation medicine	1	0		
		Magnetic resonance (eg, proton) imaging, any joint of lower			~		
Outpatient	73721	extremity; without contrast material	specialty hospitals	23	0		
		Magnetic resonance (eg, proton) imaging, any joint of lower		40	~		
Outpatient	73722	extremity; with contrast material(s)	diagnostic radiology	13	9	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of lower		Л	4		
Outpatient 2862983-01-02	73722	extremity; with contrast material(s)	hospital	4	1	Medical Necessity	
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Inpatient/	Procedure	do Prior Authorization Report- Aetha Life Insurance Com I			by c.r.	5. 10 10 112.5 (2	
Outpatient		Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
		Magnetic resonance (eg, proton) imaging, any joint of lower	, , , , , , , , , , , , , , , , , , , ,				1
Outpatient	73722	extremity; with contrast material(s)	Hospital	1	0		
		Magnetic resonance (eg, proton) imaging, any joint of lower		2	0		
Outpatient	73722	extremity; with contrast material(s) Magnetic resonance (eg, proton) imaging, any joint of lower	internal medicine	-	~		
Outpatient	73722	extremity; with contrast material(s)	multiple specialty site	4	2	Medical Necessity	
2 aspacione		Magnetic resonance (eg, proton) imaging, any joint of lower					
Outpatient		extremity; with contrast material(s)	orthopaedic surgery	4	1	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of lower		1	0		
Outpatient	73722	extremity; with contrast material(s)	specialty hospitals	I	0		
		Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast		A	7		
Outpatient	73723	material(s) and further sequences	diagnostic radiology	4	7	Medical Necessity	
- aspacione		Magnetic resonance (eg, proton) imaging, any joint of lower	singootio radiology				
		extremity; without contrast material(s), followed by contrast		1	2		
Outpatient	73723	material(s) and further sequences	hospital			Medical Necessity	
		Magnetic resonance (eg, proton) imaging, any joint of lower					
Outpatient	73723	extremity; without contrast material(s), followed by contrast material(s) and further sequences	Hospital	0	1	Medical Necessity	
Outpatient	13123	Magnetic resonance (eg, proton) imaging, any joint of lower	Hospital			Medical Necessity	
		extremity; without contrast material(s), followed by contrast		3	0		
Outpatient	73723	material(s) and further sequences	specialty hospitals	-	-		
_		Magnetic resonance angiography, lower extremity, with or without		2	0		
Outpatient	73725	contrast material(s)	hospital	Ē			
Outpatient	74150	Computed tomography, abdomen; without contrast material	cardiology	1	0		
Outpatient	74150	Computed tomography, abdomen; without contrast material	diagnostic radiology	2	5	Medical Necessity	
Outpatient	74150	Computed tomography, abdomen; without contrast material	family practice	0	1	Medical Necessity	
Outpatient	74150	Computed tomography, abdomen; without contrast material	hospital	2	1	Medical Necessity	
Outpatient	74150	Computed tomography, abdomen; without contrast material	multiple specialty site	2	0		
Outpatient	74150	Computed tomography, abdomen; without contrast material	pediatrics	0	1	Medical Necessity	
Outpatient	74160	Computed tomography, abdomen; with contrast material(s)	cardiology	1	0		
Outpatient	74160	Computed tomography, abdomen; with contrast material(s)	diagnostic radiology	14	5	Medical Necessity	
Outpatient	74160	Computed tomography, abdomen; with contrast material(s)	family practice	0	1	Medical Necessity	
Outpatient	74160	Computed tomography, abdomen; with contrast material(s)	hospital	8	1	Medical Necessity	
Outpatient	74160	Computed tomography, abdomen; with contrast material(s)	internal medicine	1	0		
Outpatient	74160	Computed tomography, abdomen; with contrast material(s)	multiple specialty site	3	2	Medical Necessity	
Outpatient	74160	Computed tomography, abdomen; with contrast material(s)	specialty hospitals	3	1	Medical Necessity	
		Computed tomography, abdomen; without contrast material,		1	0		
Outpatient	74170	followed by contrast material(s) and further sections	cardiology	1	0		
Outpatient	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	diagnostic radiology	9	5	Medical Necessity	
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		do Prior Authorization Report- Aetha Life Insurance Com	pany and Aetha Health Inc. as	srequired	by C.R.	5. 10-16-112.5 (2	1 1 1
Inpatient/	Procedure	Propadura Cada Deparintian		Approved	Denied	Devide	Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	1,1,0,00		Denial Reason	Appeal
O • • • •		Computed tomography, abdomen; without contrast material,		1	0		
Outpatient	74170	followed by contrast material(s) and further sections	general practice		-		
-		Computed tomography, abdomen; without contrast material,		0	2		
Outpatient	74170	followed by contrast material(s) and further sections	hematology oncology	5	-	Medical Necessity	
		Computed tomography, abdomen; without contrast material,		5	3		
Outpatient	74170	followed by contrast material(s) and further sections	hospital	5	J	Medical Necessity	
		Computed tomography, abdomen; without contrast material,		4	0		
Outpatient	74170	followed by contrast material(s) and further sections	Hospital	1	0		
		Computed tomography, abdomen; without contrast material,		0	~		
Outpatient	74170	followed by contrast material(s) and further sections	multiple specialty site	2	0		
		Computed tomography, abdomen; without contrast material,			~		
Outpatient	74170	followed by contrast material(s) and further sections	pediatrics	1	0		
		Computed tomography, abdomen; without contrast material,		-	-		
Outpatient	74170	followed by contrast material(s) and further sections	specialty hospitals	2	0		
-		Computed tomographic angiography, abdomen and pelvis, with	•				
		contrast material(s), including noncontrast images, if performed,		12	0		
Outpatient	74174	and image postprocessing	diagnostic radiology		-		
		Computed tomographic angiography, abdomen and pelvis, with					
		contrast material(s), including noncontrast images, if performed,		1	0		
Outpatient	74174	and image postprocessing	family practice		<u> </u>		
		Computed tomographic angiography, abdomen and pelvis, with	,,				
		contrast material(s), including noncontrast images, if performed,		9	0		
Outpatient	74174	and image postprocessing	hospital	3	5		
	/	Computed tomographic angiography, abdomen and pelvis, with					
		contrast material(s), including noncontrast images, if performed,		2	0		
Outpatient	74174	and image postprocessing	multiple specialty site	2	0		
Jaspanon	т	Computed tomographic angiography, abdomen and pelvis, with					
		contrast material(s), including noncontrast images, if performed,		1	0		
Outpatient	74174	and image postprocessing	pediatrics	1	5		
- aspasionit	7	Computed tomographic angiography, abdomen and pelvis, with	p solutions				
		contrast material(s), including noncontrast images, if performed,		9	0		
Outpatient	74174	and image postprocessing	specialty hospitals	J	0		
Carpadont	+	Computed tomographic angiography, abdomen, with contrast					
		material(s), including noncontrast images, if performed, and		o	0		
Outpatient	74175	image postprocessing	diagnostic radiology	2	0		
Jupanen	5115	Computed tomographic angiography, abdomen, with contrast	alagnostic radiology				
		material(s), including noncontrast images, if performed, and		0	1		
Outpatient	74175	image postprocessing	Hospital	U	I.	Medical Necessity	
Carpanent	5117	Computed tomographic angiography, abdomen, with contrast	iospitat				
		material(s), including noncontrast images, if performed, and		0	4		
Outpatient	74175	image postprocessing	specialty hospitals	0	1	Medical Necessity	
Jupaneril	C11+1	Computed tomography, abdomen and pelvis; without contrast	οροσιαιτή πορμιαις			moulou necessily	
Outpatient	74176	material	cardiology	2	0		
Jupaneril	01111		Jaruology				
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		ido Prior Authorization Report- Aetha Life Insurance Con	ilpany and Aetha Health inc. a	3 required	by C.N.	5. 10 10 112.5 (2	
Inpatient/	Procedure	Presedure Code Description		Approved	Denied	Duride	Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	11111100		Denial Reason	Appeal
		Computed tomography, abdomen and pelvis; without contrast		1	0		
Outpatient	74176	material	critical care	-	-		
		Computed tomography, abdomen and pelvis; without contrast		74	9		
Outpatient	74176	material	diagnostic radiology	14	U	Medical Necessity	
		Computed tomography, abdomen and pelvis; without contrast		1	0		
Outpatient	74176	material	emergency medicine		0		
		Computed tomography, abdomen and pelvis; without contrast		0	4		
Outpatient	74176	material	family practice	0	1	Medical Necessity	
		Computed tomography, abdomen and pelvis; without contrast		•	~		
Outpatient	74176	material	Hospital	9	0		
		Computed tomography, abdomen and pelvis; without contrast					
Outpatient	74176	material	hospital	26	6	Medical Necessity	1
		Computed tomography, abdomen and pelvis; without contrast					
Outpatient	74176	material	internal medicine	1	0		
·		Computed tomography, abdomen and pelvis; without contrast					
Outpatient	74176	material	multiple specialty site	20	4	Medical Necessity	
		Computed tomography, abdomen and pelvis; without contrast				···· ,	
Outpatient	74176	material	pediatrics	2	0		
		Computed tomography, abdomen and pelvis; without contrast					
Outpatient	74176	material	primary care physician	1	0		
ouputon	1 11 0	Computed tomography, abdomen and pelvis; without contrast	prinary care priyelelari				
Outpatient	74176	material	specialty hospitals	11	2	Medical Necessity	
Outpatient	14110	Computed tomography, abdomen and pelvis; without contrast	specially nospitals			Medical Necessity	
Outpatient	74176	material	urgent care	1	0		
Outpatient	74170	Computed tomography, abdomen and pelvis; without contrast	urgent care				
Outpatiant	74176	material	urology	2	0		
Outpatient	74170	Computed tomography, abdomen and pelvis; with contrast	urology				
Outputient	74477	material(s)		1	0		
Outpatient	74177	Computed tomography, abdomen and pelvis; with contrast	ambulatory surgery center				
	74477	material(s)	and the loss	1	0		
Outpatient	74177		cardiology				
Outractions	7 4 1 7 7	Computed tomography, abdomen and pelvis; with contrast		4	0		
Outpatient	74177	material(s)	critical care				
		Computed tomography, abdomen and pelvis; with contrast		190	18		
Outpatient	74177	material(s)	diagnostic radiology		-	Medical Necessity	
• • •		Computed tomography, abdomen and pelvis; with contrast	A H H	11	3		
Outpatient	74177	material(s)	family practice			Medical Necessity	
		Computed tomography, abdomen and pelvis; with contrast		5	1		
Outpatient	74177	material(s)	general practice	0	•	Medical Necessity	
		Computed tomography, abdomen and pelvis; with contrast		6	0		
Outpatient	74177	material(s)	hematology oncology	0	U		
		Computed tomography, abdomen and pelvis; with contrast		91	15		
Outpatient	74177	material(s)	hospital	91	10	Medical Necessity	1
		Computed tomography, abdomen and pelvis; with contrast		10	•		
Outpatient	74177	material(s)	Hospital	12	2	Medical Necessity	
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Inpatient/	Procedure	ado Prior Authorization Report- Aetna Life Insurance Con			by c.n.	0. 10 10 112.0 (1	
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on
ouputon	0040	Computed tomography, abdomen and pelvis; with contrast	Specially-Servicing Provider			Deniar Reason	Appeal
Outpatient	74177	material(s)	medical oncology	22	1	Medical Necessity	
outputient	14111	Computed tomography, abdomen and pelvis; with contrast	medical choology			Medical Necessity	
Outpatient	74177	material(s)	multiple specialty site	53	7	Medical Necessity	
outputient	14111	Computed tomography, abdomen and pelvis; with contrast	maniple specially site			Medical Necessity	
Outpatient	74177	material(s)	ob gynecology	1	0		
outputient	14111	Computed tomography, abdomen and pelvis; with contrast	ob gyneodiogy				
Outpatient	74177	material(s)	pediatrics	2	0		
outputient	14111	Computed tomography, abdomen and pelvis; with contrast	pediatros				
Outpatient	74177	material(s)	rehabilitation medicine	2	0		
Outputient	14111	Computed tomography, abdomen and pelvis; with contrast	Tenabilitation mealonie				
Outpatient	74177	material(s)	specialty hospitals	28	3	Medical Necessity	
outputient	14111	Computed tomography, abdomen and pelvis; without contrast	specially nospitals			Medical Necessity	
		material in one, or both body regions, followed by contrast		1	0		
Outpatient	74178	materials(s) and further sections in one or both body regions	anesthesiology		0		
outpution	1 11 0	Computed tomography, abdomen and pelvis; without contrast	anoonioolotogy				
		material in one, or both body regions, followed by contrast		1	0		
Outpatient	74178	materials(s) and further sections in one or both body regions	cardiology		Ũ		
		Computed tomography, abdomen and pelvis; without contrast					
		material in one, or both body regions, followed by contrast		3	0		
Outpatient	74178	materials(s) and further sections in one or both body regions	critical care	0	Ũ		
		Computed tomography, abdomen and pelvis; without contrast					
		material in one, or both body regions, followed by contrast		51	11		
Outpatient	74178	materials(s) and further sections in one or both body regions	diagnostic radiology	01		Medical Necessity	
·		Computed tomography, abdomen and pelvis; without contrast	6 6,			,	
		material in one, or both body regions, followed by contrast		0	1		
Outpatient	74178	materials(s) and further sections in one or both body regions	family practice			Medical Necessity	
		Computed tomography, abdomen and pelvis; without contrast					
		material in one, or both body regions, followed by contrast		8	0		
Outpatient	74178	materials(s) and further sections in one or both body regions	Hospital				
		Computed tomography, abdomen and pelvis; without contrast					
		material in one, or both body regions, followed by contrast		16	9		
Outpatient	74178	materials(s) and further sections in one or both body regions	hospital			Medical Necessity	
		Computed tomography, abdomen and pelvis; without contrast					
		material in one, or both body regions, followed by contrast		2	0		
Outpatient	74178	materials(s) and further sections in one or both body regions	medical oncology				
		Computed tomography, abdomen and pelvis; without contrast					
		material in one, or both body regions, followed by contrast		17	8		
Outpatient	74178	materials(s) and further sections in one or both body regions	multiple specialty site			Medical Necessity	
		Computed tomography, abdomen and pelvis; without contrast					
		material in one, or both body regions, followed by contrast		3	1		
Outpatient	74178	materials(s) and further sections in one or both body regions	specialty hospitals			Medical Necessity	
Outpatient	74181	Magnetic resonance (eg, proton) imaging, abdomen	diagnostic radiology	8	1	Medical Necessity	
•	74181	Magnetic resonance (eg, proton) imaging, abdomen	hospital	3	0	,	
Outpatient 862983-01-02	1 4101		nospitat	U U	Ŭ		
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Inpatient/	Procedure	ado Prior Authorization Report- Aetha Life Insurance Com		-	Ĺ	5. 10 10 112.5 (2	Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
Outpatient	74181	Magnetic resonance (eg, proton) imaging, abdomen	Hospital	1	0		
Outpatient	74181	Magnetic resonance (eg, proton) imaging, abdomen	specialty hospitals	3	1	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, abdomen; with contrast		0	0		
Outpatient	74182	material(s)	diagnostic radiology	2	3	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, abdomen; with contrast		0	2		
Outpatient	74182	material(s)	multiple specialty site	U	2	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, abdomen; with contrast		1	1		
Outpatient	74182	material(s)	specialty hospitals		•	Medical Necessity	
		Magnetic resonance (eg, proton) imaging, abdomen; without			_		
Outpatiant	74100	contrast material(s), followed by with contrast material(s) and further sequences		1	0		
Outpatient	74183	Magnetic resonance (eg, proton) imaging, abdomen; without	critical care				
		contrast material(s), followed by with contrast material(s) and		78	12		
Outpatient	74183	further sequences	diagnostic radiology	10	13	Medical Necessity	
Outpution	14100	Magnetic resonance (eg, proton) imaging, abdomen; without	alagnostic radiology			weatour recessity	
		contrast material(s), followed by with contrast material(s) and		3	0		
Outpatient	74183	further sequences	family practice	0	Ũ		
·		Magnetic resonance (eg, proton) imaging, abdomen; without					
		contrast material(s), followed by with contrast material(s) and		1	0		
Outpatient	74183	further sequences	general practice				
		Magnetic resonance (eg, proton) imaging, abdomen; without					
		contrast material(s), followed by with contrast material(s) and		4	0		
Outpatient	74183	further sequences	Hospital				
		Magnetic resonance (eg, proton) imaging, abdomen; without					
		contrast material(s), followed by with contrast material(s) and		32	3		
Outpatient	74183	further sequences	hospital			Medical Necessity	
		Magnetic resonance (eg, proton) imaging, abdomen; without					
Outputient	74400	contrast material(s), followed by with contrast material(s) and further sequences		32	1		
Outpatient	74183	Magnetic resonance (eg, proton) imaging, abdomen; without	multiple specialty site			Medical Necessity	
		contrast material(s), followed by with contrast material(s) and		1	0		
Outpatient	74183	further sequences	radiology nuclear	I	0		
ouputon	1 1100	Magnetic resonance (eg, proton) imaging, abdomen; without	Taalotogy Hactori				
		contrast material(s), followed by with contrast material(s) and		17	3		
Outpatient	74183	further sequences	specialty hospitals		-	Medical Necessity	
		Magnetic resonance angiography, abdomen, with or without			-		
Outpatient	74185	contrast material(s)	hospital	2	0		
		Magnetic resonance angiography, abdomen, with or without			0		
Outpatient	74185	contrast material(s)	multiple specialty site	1	0		
		Magnetic resonance angiography, abdomen, with or without		1	0		
Outpatient	74185	contrast material(s)	specialty hospitals	I	2	Medical Necessity	
Outpatient	74261	CT colonography diagnostic without contrast (replaces 0067T)	multiple specialty site	1	0		
Outpatient	74263	CT colonography screening (replaces 0066T)	diagnostic radiology	0	1	Medical Necessity	
2862983-01-02							
Proprietary							

Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned or Appeal
Outpatient	74263	CT colonography screening (replaces 0066T)	multiple specialty site	2	1	Medical Necessity	
Outpatient	74420	X-RAY URINARY TRACT EXAM WITH CONTRAST MATERIAL	Urology	1	0		
·		Magnetic resonance (eg, proton) imaging, fetal, including					
		placental and maternal pelvic imaging when performed; single or		3	0		
Outpatient	74712	first gestation	hospital				
		Cardiac magnetic resonance imaging for morphology and					
Outpatient	75557	structure without contrast material.	diagnostic radiology	1	0		
		Cardiac magnetic resonance imaging for morphology and		-			
Outpatient	75557	structure without contrast material.	hospital	2	0		
		Cardiac magnetic resonance imaging for morphology and					
		function without contrast material followed by with contrast		4	0		
Outpatient	75561	material and further sequences.	diagnostic radiology				
		Cardiac magnetic resonance imaging for morphology and					
		function without contrast material followed by with contrast		1	0		
Outpatient	75561	material and further sequences.	general practice				
		Cardiac magnetic resonance imaging for morphology and					
		function without contrast material followed by with contrast		26	0		
Outpatient	75561	material and further sequences.	hospital				
		Cardiac magnetic resonance imaging for morphology and					
		function without contrast material followed by with contrast		3	0		
Outpatient	75561	material and further sequences.	Hospital				
		Cardiac magnetic resonance imaging for morphology and					
		function without contrast material followed by with contrast		4	1		
Outpatient	75561	material and further sequences.	multiple specialty site			Medical Necessity	
		Cardiac magnetic resonance imaging for morphology and					
		function without contrast material followed by with contrast		7	0		
Outpatient	75561	material and further sequences.	specialty hospitals				
		Cardiac magnetic resonance imaging for morphology and					
		function without contrast material followed by with contrast		1	0		
Outpatient	75561	material and further sequences.	urgent care				
		Cardiac magnetic resonance imaging for morphology and					
		function without contrast material followed by with contrast		1	0		
Outpatient	75563	material and further sequences with stress imaging	diagnostic radiology				
		Cardiac magnetic resonance imaging for morphology and					
		function without contrast material followed by with contrast		1	0		
Outpatient	75563	material and further sequences with stress imaging	hospital				
		Cardiac magnetic resonance imaging for morphology and					
		function without contrast material followed by with contrast		1	0		
Outpatient	75563	material and further sequences with stress imaging	urgent care				
		Computed tomography, heart, without contrast material, with		•			
Outpatient	75571	quantitative evaluation of coronary calcium	ambulatory surgery center	0	1	Medical Necessity	
		Computed tomography, heart, without contrast material, with		~	~~		
Outpatient	75571	quantitative evaluation of coronary calcium	diagnostic radiology	2	23	Medical Necessity	
62983-01-02							

		ado Prior Authorization Report- Aetha Life Insurance Com	ipany and Aetha Health Inc. as	required	Dy C.R.	.3. 10-10-112.5 (2	
Inpatient/	Procedure			Approved	Denied	Durinte	Overturned on
Outpatient	Code	Procedure Code Description Computed tomography, heart, without contrast material, with	Specialty-Servicing Provider			Denial Reason	Appeal
Outpotiont	76674	quantitative evaluation of coronary calcium		1	0		
Outpatient	75571	Computed tomography, heart, without contrast material, with	emergency medicine				
Outractions	76674		familians atian	0	1		
Outpatient	75571	quantitative evaluation of coronary calcium	family practice			Medical Necessity	
	35534	Computed tomography, heart, without contrast material, with		0	1		
Outpatient	75571	quantitative evaluation of coronary calcium	general practice			Medical Necessity	
		Computed tomography, heart, without contrast material, with		1	7	.	
Outpatient	75571	quantitative evaluation of coronary calcium	hospital			Medical Necessity	
		Computed tomography, heart, without contrast material, with		4	10	.	
Outpatient	75571	quantitative evaluation of coronary calcium	multiple specialty site			Medical Necessity	
		Computed tomography, heart, without contrast material, with		0	1	.	
Outpatient	75571	quantitative evaluation of coronary calcium	pulmonologist			Medical Necessity	
		Computed tomography, heart, without contrast material, with		0	13	.	
Outpatient	75571	quantitative evaluation of coronary calcium	specialty hospitals			Medical Necessity	
Outpatient	75572	CT, heart with contrast - pulmonary veins (replaces 0145T)	hospital	7	2	Medical Necessity	
Outpatient	75572	CT, heart with contrast - pulmonary veins (replaces 0145T)	specialty hospitals	0	1	Medical Necessity	
		CT, heart, coronary arteries and bypass grafts with contrast -		-	-		
Outpatient	75574	coronary CT angiography (replaces 0146T-0149T)	ambulatory surgery center	2	0		
		CT, heart, coronary arteries and bypass grafts with contrast -					
Outpatient	75574	coronary CT angiography (replaces 0146T-0149T)	diagnostic radiology	11	1	Medical Necessity	
		CT, heart, coronary arteries and bypass grafts with contrast -			•		
Outpatient	75574	coronary CT angiography (replaces 0146T-0149T)	family practice	2	0		
		CT, heart, coronary arteries and bypass grafts with contrast -					
Outpatient	75574	coronary CT angiography (replaces 0146T-0149T)	hospital	25	1	Medical Necessity	
		CT, heart, coronary arteries and bypass grafts with contrast -			-		
Outpatient	75574	coronary CT angiography (replaces 0146T-0149T)	Hospital	4	0		
		CT, heart, coronary arteries and bypass grafts with contrast -			•		
Outpatient	75574	coronary CT angiography (replaces 0146T-0149T)	internal medicine	1	0		
		CT, heart, coronary arteries and bypass grafts with contrast -					
Outpatient	75574	coronary CT angiography (replaces 0146T-0149T)	multiple specialty site	14	6	Medical Necessity	
		CT, heart, coronary arteries and bypass grafts with contrast -			~		
Outpatient	75574	coronary CT angiography (replaces 0146T-0149T)	radiation oncology	1	0		
		CT, heart, coronary arteries and bypass grafts with contrast -		<i>(</i> –	-		
Outpatient	75574	coronary CT angiography (replaces 0146T-0149T)	specialty hospitals	17	2	Medical Necessity	
		CT, heart, coronary arteries and bypass grafts with contrast -			•		
Outpatient	75574	coronary CT angiography (replaces 0146T-0149T)	urgent care	1	0		
		CTA, abdominal aorta and bilateral iliofemoral lower extremity		•	•		
Outpatient	75635	runoff, without contrast followed by contrast	diagnostic radiology	2	0		
		CTA, abdominal aorta and bilateral iliofemoral lower extremity		~	~		
Outpatient	75635	runoff, without contrast followed by contrast	family practice	2	0		
		CTA, abdominal aorta and bilateral iliofemoral lower extremity		~			
Outpatient	75635	runoff, without contrast followed by contrast	hospital	2	1	Medical Necessity	

2023 Colorado Prior Authorization Report- Aetha Life Insurance Company and Aetha Health Inc. as required by C.R.S. 10-16-112.5 (2)(c)(I))(C)(I)	
Inpatient/	Procedure			Approved	Denied		Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	, ppi or ou	Bornoa	Denial Reason	Appeal
	75005	CTA, abdominal aorta and bilateral iliofemoral lower extremity runoff, without contrast followed by contrast		1	0		
Outpatient	75635	CTA, abdominal aorta and bilateral iliofemoral lower extremity	Hospital				
Outpatient	75635	runoff, without contrast followed by contrast	multiple specialty site	1	0		
outpution	10000	CTA, abdominal aorta and bilateral iliofemoral lower extremity	maniple openanty one				
Outpatient	75635	runoff, without contrast followed by contrast	specialty hospitals	0	1	Medical Necessity	
Outpatient	76000	FLUOROSCOPY SPX UP TO 1 HOUR PHYS/QHP TIME	Surgery, Neurological	1	0		
		CT, heart, coronary arteries and bypass grafts with contrast -					
Outpatient	76391	coronary CT angiography (replaces 0146T-0149T)	hospital	1	0		
Outpatient	76942	US GUIDANCE NEEDLE PLACEMENT RS&I	Internal Medicine	1	0		
Outpatient	76942	US GUIDANCE NEEDLE PLACEMENT RS&I	Surgery	1	0		
Outpatient	76948	US GUIDANCE ASPIRATION OVA RS&I	Endocrinology, Reproductive	3	1	Medical Necessity	
Outpatient	76948	US GUIDANCE ASPIRATION OVA RS&I	Obstetrics & Gynecology	2	1	Administrative	
		Magnetic resonance imaging guidance for needle placement (eg,					
		for biopsy, needle aspiration, injection, or placement of localization		1	0		
Outpatient	77021	device) radiological supervision and interpretation	specialty hospitals				
		Magnetic resonance imaging, breast, without contrast material;		0	1		
Outpatient	77046	unilateral	diagnostic radiology			Medical Necessity	
Outpatient	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	hospital	2	3	Medical Necessity	
Outpatient	11041	Magnetic resonance imaging, breast, without contrast material;	nospitat			Medical Necessity	
Outpatient	77047	bilateral	multiple specialty site	1	0		
		Magnetic resonance imaging, breast, without contrast material;					
Outpatient	77047	bilateral	specialty hospitals	0	1	Medical Necessity	
		Magnetic resonance imaging, breast, without and with contrast					
		material(s), including computer-aided detection (CAD real-time		0	1		
		lesion detection, characterization and pharmacokinetic analysis),		Ŭ			
Outpatient	77048	when performed; unilateral Magnetic recompany imaging, breast without and with contrast	multiple specialty site			Medical Necessity	
		Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time					
		lesion detection, characterization and pharmacokinetic analysis),		2	0		
Outpatient	77049	when performed; bilateral	ambulatory surgery center				
		Magnetic resonance imaging, breast, without and with contrast					
		material(s), including computer-aided detection (CAD real-time		107			
		lesion detection, characterization and pharmacokinetic analysis),		167	14		
Outpatient	77049	when performed; bilateral	diagnostic radiology			Medical Necessity	1
		Magnetic resonance imaging, breast, without and with contrast					
		material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis),		1	0		
Outpatient	77049	when performed; bilateral	family practice				
outpatient	11049						

Inpatient/	Procedure	ado Prior Authorization Report- Aetha Life Insurance Com					Overturned on
Outpatient		Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
		Magnetic resonance imaging, breast, without and with contrast					
		material(s), including computer-aided detection (CAD real-time		51	11		
Outpotiont	77049	lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	haenital			Medical Necessity	
Outpatient	11049	Magnetic resonance imaging, breast, without and with contrast	hospital			weucal necessity	
		material(s), including computer-aided detection (CAD real-time		_	-		
		lesion detection, characterization and pharmacokinetic analysis),		4	4		
Outpatient	77049	when performed; bilateral	Hospital			Medical Necessity	
		Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time					
		lesion detection, characterization and pharmacokinetic analysis),		1	0		
Outpatient	77049	when performed; bilateral	internal medicine				
•		Magnetic resonance imaging, breast, without and with contrast					
		material(s), including computer-aided detection (CAD real-time		27	5		
A	770.10	lesion detection, characterization and pharmacokinetic analysis),	manifestation and a state of the	<u> </u>		Modical Nation	
Outpatient	77049	when performed; bilateral Magnetic resonance imaging, breast, without and with contrast	multiple specialty site			Medical Necessity	
		material(s), including computer-aided detection (CAD real-time					
		lesion detection, characterization and pharmacokinetic analysis),		19	6		
Outpatient	77049	when performed; bilateral	specialty hospitals			Medical Necessity	
Outpatient	77371	Radiation treatment guided by x-ray	specialty hospitals	2	0		
. .		Radiation treatment delivery, stereotactic radiosurgery (Advanced		1	0		
Outpatient	77372	radiation treament of a skull lesion)	multiple specialty site				
Outpatient	77372	Radiation treatment guided by x-ray	hospital	4	0		
Outpatient	77372	Radiation treatment guided by x-ray	specialty hospitals	1	0		
Outpatient	77373	Radiation treatment guided by x-ray	hospital	1	0		
Outpatient	77373	Radiation treatment guided by x-ray	radiation oncology	1	0		
O utroation !	77070	Stereotactic body radiation therapy (radiation treatment) not to exceed 5 fractions	radiation an !	1	0		
Outpatient	77373		radiation oncology				
Outpatient	77385	Radiation Therapy Code	hospital	1	0	Maralta attat	
Outpatient	77385	Radiation Therapy Code	specialty hospitals	1	1	Medical Necessity	
Outpatient	77385	Radiation treatment guided by x-ray	hospital	1	0		
Outpatient	77385	Radiation treatment guided by x-ray	Hospital	1	0		
Outpatient	77385	Radiation treatment guided by x-ray	radiation oncology	3	0		
Outpatient	77385	Radiation treatment guided by x-ray	specialty hospitals	1	0		
0	77000	Intensity modulated radiation treatment delivery (IMRT), includes	la se se tra d	2	0		
Outpatient	77386	guidance and tracking, when performed; complex Intensity modulated radiation treatment delivery (IMRT), includes	hospital		-		
Outpatient	77386	guidance and tracking, when performed; complex	radiation oncology	1	0		
Outpatient	77386	Radiation treatment guided by x-ray	diagnostic radiology	2	0		
Outpatient	77386	Radiation treatment guided by x-ray	hospital	4	1	Medical Necessity	
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		ido Prior Authorization Report- Aetha Life Insurance Comp	pany and Aetha Health Inc. a	s required	by C.R.S	5. 10-16-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Choolelty Convision Dravidar	Approved	Denied	Donial Bassar	Overturned on
•			Specialty-Servicing Provider			Denial Reason	Appeal
Outpatient	77386	Radiation treatment guided by x-ray Radiation treatment guided by x-ray	Hospital	1	0		
Outpatient	77386		radiation oncology	2	0		
Outpatient	77386	Radiation treatment guided by x-ray Guidance for localization of target volume for delivery of radiation	specialty hospitals	4	0		
Outpatient	77387	treatment (Radiation treatment guidance)	hospital	7	0		
		Guidance for localization of target volume for delivery of radiation	1		0		
Outpatient	77387	treatment (Radiation treatment guidance)	Hospital	1	0		
	77007	Guidance for localization of target volume for delivery of radiation	a dha tha an an a' b	2	1	Marilla al Marine da	
Outpatient	77387	treatment (Radiation treatment guidance) Guidance for localization of target volume for delivery of radiation	radiation oncology			Medical Necessity	
Outpatient	77387	treatment (Radiation treatment guidance)	specialty hospitals	4	1	Medical Necessity	
		Guidance for localization of target volume for delivery of radiation		~		···· ·	
Outpatient	77387	treatment, includes intrafraction tracking, when performed	radiation oncology	0	1	Medical Necessity	
Outpatient	77387	Radiation treatment guided by x-ray	diagnostic radiology	2	0		
Outpatient	77387	Radiation treatment guided by x-ray	hospital	9	0		
Outpatient	77387	Radiation treatment guided by x-ray	Hospital	2	0		
Outpatient	77387	Radiation treatment guided by x-ray	radiation oncology	7	0		
Outpatient	77387	Radiation treatment guided by x-ray	specialty hospitals	6	1	Medical Necessity	
Outpatient	77401	Radiation treatment guided by x-ray	Hospital	1	0		
Outpatient	77401	Radiation treatment guided by x-ray	hospital	2	0		
Outpatient	77412	Radiation treatment delivery	hospital	7	0		
Outpatient	77412	Radiation treatment delivery	Hospital	1	0		
Outpatient	77412	Radiation treatment delivery	medical oncology	1	0		
Outpatient	77412	Radiation treatment delivery	radiation oncology	3	0		
Outpatient	77412	Radiation treatment delivery	specialty hospitals	4	0		
-		Radiation treatment delivery; three or more separate treatment	· · ·				
		areas; custom blocking, tangential ports wedges, rotational beam,		1	0		
Outpatient	77412	compensators, electron beam; up to 5 MeV	radiation oncology		-		
Outpatient	77412	Radiation treatment guided by x-ray	diagnostic radiology	1	0		
Outpatient	77412	Radiation treatment guided by x-ray	hospital	11	0		
Outpatient	77412	Radiation treatment guided by x-ray	medical oncology	1	0		
Outpatient	77412	Radiation treatment guided by x-ray	multiple specialty site	1	0		
Outpatient	77412	Radiation treatment guided by x-ray	radiation oncology	4	0		
Outpatient	77412	Radiation treatment guided by x-ray	specialty hospitals	4	1	Medical Necessity	
Outpatient	77525	Radiation treatment guided by x-ray	hospital	1	0		
Outpatient	77772	Radiation treatment guided by x-ray	radiation oncology	2	0		
Outpationt	77770	Interstitial radioelement application; complex (Radiation treatment delivery)	radiation oncology	1	0		
Outpatient	77778		radiation oncology				
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 Inpatient/	Procedure	ado Prior Authorization Report- Aetha Life insurance Comp	pany and Aetha Health IIC. a	siequired	Jy C.R.	5. 10-10-112.5 (2	1
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on
oupution	0000	Myocardial imaging, positron emission tomography (PET),	opecially-servicing Provider			Denial Reason	Appeal
		metabolic evaluation study (including ventricular wall motion[s]					
		and/or ejection fraction[s], when performed), single study; with		1	0		
Outpatient	78429	concurrently acquired computed tomography transmission scan.	hospital				
Jupanent	10429	Myocardial imaging, positron emission tomography (PET),	ποοριται				
		perfusion study (including ventricular wall motion[s] and/or					
		ejection fraction[s], when performed); multiple studies at rest and		6	3		
		stress (exercise or pharmacologic), with concurrently acquired		U	Э		
Outpatient	78431	computed tomography transmission scan.	hospital			Medical Necessity	
ouputon	. 0-701	Myocardial imaging, positron emission tomography (PET),	nospitat				
		perfusion study (including ventricular wall motion[s] and/or					
		ejection fraction[s], when performed); multiple studies at rest and		1	0		
		stress (exercise or pharmacologic), with concurrently acquired		Ĩ	0		
Outpatient	78431	computed tomography transmission scan.	Hospital				
		Absolute quantitation of myocardial blood flow (AQMBF), positron					
		emission tomography (PET), rest and pharmacologic stress (List		1	0		
Outpatient	78434	separately in addition to code for primary procedure)	hospital		5		
1	· · • •	Myocardial perfusion imaging, tomographic SPECT - single study					
Outpatient	78451	(replaces 78464+78478 & 78480)	Hospital	0	1	Medical Necessity	
	• •	Myocardial perfusion imaging, tomographic SPECT - single study					
Outpatient	78451	(replaces 78464+78478 & 78480)	hospital	2	0		
1		Myocardial perfusion imaging, tomographic SPECT - single study					
Outpatient	78451	(replaces 78464+78478 & 78480)	specialty hospitals	1	0		
1		Myocardial perfusion imaging, tomographic SPECT - multiple					
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	ambulatory surgery center	1	0		
		Myocardial perfusion imaging, tomographic SPECT - multiple					
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	cardiology	21	4	Medical Necessity	
		Myocardial perfusion imaging, tomographic SPECT - multiple					
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	diagnostic radiology	12	5	Medical Necessity	
-		Myocardial perfusion imaging, tomographic SPECT - multiple		-			
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	family practice	0	1	Medical Necessity	
-		Myocardial perfusion imaging, tomographic SPECT - multiple	- *				
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	general practice	1	0		
		Myocardial perfusion imaging, tomographic SPECT - multiple			-		
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	general surgery	4	0		
		Myocardial perfusion imaging, tomographic SPECT - multiple					
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	hospital	22	10	Medical Necessity	
-		Myocardial perfusion imaging, tomographic SPECT - multiple	-	-			
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	Hospital	2	0		
		Myocardial perfusion imaging, tomographic SPECT - multiple	-		~		
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	internal medicine	1	3	Medical Necessity	
-		Myocardial perfusion imaging, tomographic SPECT - multiple			-	-	
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	interventional cardiology	1	0		

Innation!		ado Prior Authorization Report- Aetha Life Insurance Cor	ilpany and Aetha Health Inc. a	is required	JY C.R.	3. 10-10-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on
Caspation	5646	Myocardial perfusion imaging, tomographic SPECT - multiple	openalty dervicing Frovider			Demarteason	Appeal
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	multiple specialty site	21	6	Medical Necessity	1
		Myocardial perfusion imaging, tomographic SPECT - multiple				,	
Outpatient	78452	studies (replaces 78465 + 78478 & 78480)	specialty hospitals	19	4	Medical Necessity	1
·		Myocardial imaging, positron emission tomography (PET),				,	
		metabolic evaluation study (including ventricular wall motion[s]		1	0		
Outpatient	78459	and/or ejection fraction[s], when performed), single study;	hospital				
Outpatient	78472	Gated heart, resting	hospital	1	0		
		Myocardial imaging, positron emission tomography (PET),					
		perfusion study(including ventricular wall motion[s] and/or					
		ejection fraction[s], when performed); multiple studies at rest		2	1		
Outpatient	78492	and/or stress (exercise or pharmacologic)	cardiology			Medical Necessity	
		Myocardial imaging, positron emission tomography (PET),					
		perfusion study(including ventricular wall motion[s] and/or		1	0		
		ejection fraction[s], when performed); multiple studies at rest		I	0		
Outpatient	78492	and/or stress (exercise or pharmacologic)	diagnostic radiology				
Outpatient	78608	Brain imaging, positron emission tomography (PET); metabolic	hospital	2	2	Medical Necessity	
Outpatient	78608	Brain imaging, positron emission tomography (PET); metabolic	multiple specialty site	1	0		
Outpatient	78608	Brain imaging, positron emission tomography (PET); metabolic	specialty hospitals	1	0		
		Tumor imaging, positron emission tomography (PET) with			•		
Outpatient	78815	concurrently acquired CT, skull base to mid-thigh	ambulatory surgery center	2	0		
		Tumor imaging, positron emission tomography (PET) with		26	F		
Outpatient	78815	concurrently acquired CT, skull base to mid-thigh	diagnostic radiology	26	5	Medical Necessity	
		Tumor imaging, positron emission tomography (PET) with		35	3		
Outpatient	78815	concurrently acquired CT, skull base to mid-thigh	hospital	55	5	Medical Necessity	
		Tumor imaging, positron emission tomography (PET) with		3	1		
Outpatient	78815	concurrently acquired CT, skull base to mid-thigh	Hospital	-		Medical Necessity	
	70015	Tumor imaging, positron emission tomography (PET) with		1	1		
Outpatient	78815	concurrently acquired CT, skull base to mid-thigh	internal medicine			Medical Necessity	
Outrations	70015	Tumor imaging, positron emission tomography (PET) with concurrently acquired CT, skull base to mid-thigh		30	7		
Outpatient	78815	Tumor imaging, positron emission tomography (PET) with	medical oncology			Medical Necessity	
Outpatiant	78815	concurrently acquired CT, skull base to mid-thigh	multiple specialty site	6	1	Medical Necessity	
Outpatient	10015	Tumor imaging, positron emission tomography (PET) with	multiple specially site			Medical Necessity	
Outpatient	78815	concurrently acquired CT, skull base to mid-thigh	nuclear medicine	1	0		
Outpatient	70015	Tumor imaging, positron emission tomography (PET) with	nuclear medicine				
Outpatient	78815	concurrently acquired CT, skull base to mid-thigh	oncology	1	1	Medical Necessity	
ouputone	10010	Tumor imaging, positron emission tomography (PET) with	chicelegy			medical recounty	
Outpatient	78815	concurrently acquired CT, skull base to mid-thigh	radiation oncology	1	0		
		Tumor imaging, positron emission tomography (PET) with					
Outpatient	78815	concurrently acquired CT, skull base to mid-thigh	specialty hospitals	17	0		1
1		Tumor imaging, positron emission tomography (PET) with					
Outpatient	78816	concurrently acquired CT, whole body	diagnostic radiology	3	0		
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Inpatient/	Procedure	Duranduma Onde Danavirtina		Approved	Denied		Overturned o
Outpatient	Code	Procedure Code Description Tumor imaging, positron emission tomography (PET) with	Specialty-Servicing Provider	, pprovod	Dorned	Denial Reason	Appeal
Outpatient	78816	concurrently acquired CT, whole body	hospital	8	1	Medical Necessity	
Outpatient	10010	Tumor imaging, positron emission tomography (PET) with	nospitat			Wedeat Necessity	
Outpatient	78816	concurrently acquired CT, whole body	medical oncology	6	0		
		Tumor imaging, positron emission tomography (PET) with		0	0		
Outpatient	78816	concurrently acquired CT, whole body	multiple specialty site	2	0		
Outrationt	70010	Tumor imaging, positron emission tomography (PET) with concurrently acquired CT, whole body		1	0		
Outpatient	78816	Tumor imaging, positron emission tomography (PET) with	orthopaedic surgery				
Outpatient	78816	concurrently acquired CT, whole body	specialty hospitals	5	0		
Outpatient	79005	Nuclear rx oral admin	general surgery	1	0		
Outpatient	79005	Radiation treatment guided by x-ray	diagnostic radiology	1	0		
Outpatient	81228	CYTOG ALYS CHRML ABNR CGH	Independent Lab	1	0		
Outpatient	81415	EXOME SEQUENCE ANALYSIS	Maternal & Fetal Medicine	1	0		
Outpatient	81415	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Maternal & Fetal Medicine	1	0		
Outpatient	81410	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Clinical Genetics-M.D.	3	0		
·	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN		3 2	0		
Outpatient		-	Hematology/Oncology				
Outpatient	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Internal Medicine	1	0		
Outpatient	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Medical Genetics	1	0		
Outpatient	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Nurse Practitioner	16	2	Medical Necessity	
Outpatient	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Obstetrics & Gynecology	3	2	Medical Necessity	
Outpatient	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Oncology, Medical	6	0		
Outpatient	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Physician Assistant	1	0		
Outpatient	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Radiology, Diagnostic	1	0		
Outpatient	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Surgery	3	1	Medical Necessity	
Outpatient	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Clinical Genetics-M.D.	3	0		
Outpatient	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Hematology/Oncology	2	0		
Outpatient	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Internal Medicine	1	0		
Outpatient	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Medical Genetics	1	0		
Outpatient	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Nurse Practitioner	16	2	Medical Necessity	
Outpatient	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Obstetrics & Gynecology	5	2	Medical Necessity	
Outpatient	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Oncology, Medical	5	0		
Outpatient	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Physician Assistant	1	0		
Outpatient	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Radiology, Diagnostic	1	0		
Outpatient	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Surgery	3	1	Medical Necessity	
Outpatient	81460	WHOLE MITOCHONDRIAL GENOME	Maternal & Fetal Medicine	0	1	Medical Necessity	
Outpatient	81400	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	Pediatrics	2	1	Administrative	
Outpatient	02104		reulaulus	2	I	Administrative	

Inpatient/	Procedure	Ido Prior Authorization Report- Aetha Life Insurance Com	pany and Aetha Health Inc. as	s required	DY C.R.	5. 10-16-112.5 (2 I	
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	82785	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	Pediatrics	2	1	Administrative	<u></u>
Outpatient	82787	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	Pediatrics	2	1	Administrative	
Outpatient	83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	Pediatrics	2	1	Administrative	
Outpatient	85025	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	Pediatrics	2	1	Administrative	
Outpatient	86001	ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	Pediatrics	0	3	Medical Necessity	
Outpatient	86003	ALLERGEN SPECIFIC IGE QUAN/SEMIQUAN EA ALLERGEN	Pediatrics	2	1	Administrative	
Outpatient	86008	ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	Pediatrics	2	1	Administrative	
Inpatient	87635	SARS-COV-2 COVID-19 AMP PRB	Family Practice	1	0		
Outpatient	88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	Pediatrics	2	1	Administrative	
Outpatient	88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	Pediatrics	2	1	Administrative	
Outpatient	89250	CUL OOCYTE/EMBRYO <4 DAYS	Endocrinology, Reproductive	3	2	Medical Necessity	
Outpatient	89250	CUL OOCYTE/EMBRYO <4 DAYS	Obstetrics & Gynecology	1	1	Administrative	
Outpatient	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	Endocrinology, Reproductive	6	7	Administrative	
Outpatient	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	Obstetrics & Gynecology	4	3	Medical Necessity	
Outpatient	89254	OOCYTE ID FROM FOLLICULAR FLU	Endocrinology, Reproductive	3	2	Medical Necessity	
Outpatient	89254	OOCYTE ID FROM FOLLICULAR FLU	Obstetrics & Gynecology	2	1	Administrative	
Outpatient	89255	PREPJ EMBRYO TR	Endocrinology, Reproductive	5	1	Medical Necessity	
Outpatient	89258	CRYOPRSRV EMBRYO	Endocrinology, Reproductive	5	9	Administrative	
Outpatient	89258	CRYOPRSRV EMBRYO	Obstetrics & Gynecology	0	9	Administrative	
Outpatient	89268	INSEMINATION OOCYTES	Endocrinology, Reproductive	2	0		
Outpatient	89268	INSEMINATION OOCYTES	Obstetrics & Gynecology	2	1	Administrative	
Outpatient	89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	Endocrinology, Reproductive	3	2	Medical Necessity	
Outpatient	89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	Obstetrics & Gynecology	2	1	Administrative	
Outpatient	89280	ASSTD FERTILIZATION MICROTQ <td>Endocrinology, Reproductive</td> <td>4</td> <td>6</td> <td>Medical Necessity</td> <td></td>	Endocrinology, Reproductive	4	6	Medical Necessity	
Outpatient	89280	ASSTD FERTILIZATION MICROTQ <td>Obstetrics & Gynecology</td> <td>1</td> <td>2</td> <td>Medical Necessity</td> <td></td>	Obstetrics & Gynecology	1	2	Medical Necessity	
Outpatient	89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	Endocrinology, Reproductive	4	6	Medical Necessity	
Outpatient	89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	Obstetrics & Gynecology	1	2	Medical Necessity	
Outpatient	89290	BX OOCYTE MICROTQ >/EQUAL 5 EMBRY	Endocrinology, Reproductive	0	17	Medical Necessity	
Outpatient	89290	BX OOCYTE MICROTQ >/EQUAL 5 EMBRY	Obstetrics & Gynecology	0	8	Medical Necessity	
Outpatient	89291	BX OOCYTE MICROTQ >5 EMBRY	Endocrinology, Reproductive	0	17	Medical Necessity	
Outpatient	89291	BX OOCYTE MICROTQ >5 EMBRY	Obstetrics & Gynecology	0	9	Medical Necessity	
Outpatient	89337	CRYOPRESERVATION MATURE OOCYTE(S)	Endocrinology, Reproductive	0	2	Medical Necessity	
Outpatient	89337	CRYOPRESERVATION MATURE OOCYTE(S)	Obstetrics & Gynecology	0	2	Medical Necessity	
Outpatient	89342	STORAGE PER YEAR EMBRYO	Endocrinology, Reproductive	5	4	Administrative	
Outpatient	89342	STORAGE PER YEAR EMBRYO	Obstetrics & Gynecology	0	7	Administrative	

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Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	89346	STORAGE PER YEAR OOCYTE	Endocrinology, Reproductive	0	2	Medical Necessity	<u> </u>
Outpatient	89346	STORAGE PER YEAR OOCYTE	Obstetrics & Gynecology	0	2	Medical Necessity	
Outpatient	89352	THAWING CRYOPRESERVED EMBRYO	Endocrinology, Reproductive	4	0		
Outpatient	89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	Endocrinology, Reproductive	1	2	Administrative	
Outpatient	89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	Obstetrics & Gynecology	0	1	Administrative	
Outpatient	89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	Endocrinology, Reproductive	1	0		
Outpatient	90378	Synagis	Office	2	0		
Outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Clinical Psychologist	3	0		
Outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Clinical Social Worker	1	0		
Outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown	1	0		
Outpatient	90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	Unknown	1	0		
Outpatient	90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	Psychiatric Nurse	1	0		
Outpatient	90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	Clinical Social Worker	2	0		
Outpatient	90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	Unknown	1	0		
Outpatient	90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	Psychiatric Nurse	0	0		
Outpatient	90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	Clinical Social Worker	2	0		
Outpatient	90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	Licensed Professional Counselor	3	0		
Outpatient	90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	Marriage/Family Therapist	1	0		
Outpatient	90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	Unknown	1	0		
Outpatient	90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT	Clinical Social Worker	2	0		
Outpatient	90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT	Unknown	1	0		
Outpatient	90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	Clinical Social Worker	2	0		
Outpatient	90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	Licensed Professional Counselor	1	0		
Outpatient	90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	Unknown	1	0		
Outpatient	90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	Psychiatry	10	4	Medical Necessity	
Outpatient	90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	Unknown	0	7	Medical Necessity	
Outpatient	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	Psychiatry	10	4	Medical Necessity	
Outpatient	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	Unknown	0	7	Medical Necessity	
Outpatient	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	Psychiatry	11	4	Medical Necessity	
Outpatient	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	Unknown	0	7	Medical Necessity	
Outpatient	90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	Licensed Professional Counselor	2	0		
Outpatient	91035	GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	Gastroenterology	1	1	Medical Necessity	
Outpatient	92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	Speech Pathologist	2	0		
Outpatient	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	Speech Pathologist	2	0		
Outpatient	93350	Transthoracic echocardiography (stress echo)	anesthesiology	1	0		
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Inpatient/	Procedure	ado Prior Authorization Report- Aetha Life Insurance Com		l		5. 10 10 112.J (2	Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
Outpatient	93350	Transthoracic echocardiography (stress echo)	cardiology	3	1	Medical Necessity	
Outpatient	93350	Transthoracic echocardiography (stress echo)	diagnostic radiology	7	0		
Outpatient	93350	Transthoracic echocardiography (stress echo)	hospital	11	0		
Outpatient	93350	Transthoracic echocardiography (stress echo)	multiple specialty site	3	0		
Outpatient	93350	Transthoracic echocardiography (stress echo)	specialty hospitals	5	1	Medical Necessity	
		Transthoracic echocardiography (stress echo) with monitoring.		1	0		
Outpatient	93351	Stress TTE complete.	anesthesiology	•	Ū.		
Outpatiant	02251	Transthoracic echocardiography (stress echo) with monitoring. Stress TTE complete.	aardialaay	13	1	Madical Naccosity	
Outpatient	93351	Transthoracic echocardiography (stress echo) with monitoring.	cardiology			Medical Necessity	
Outpatient	93351	Stress TTE complete.	diagnostic radiology	5	2	Medical Necessity	
Outpatient	93331	Transthoracic echocardiography (stress echo) with monitoring.	diagnostic radiology			Medical Necessity	
Outpatient	93351	Stress TTE complete.	family practice	1	0		
outpution	00001	Transthoracic echocardiography (stress echo) with monitoring.					
Outpatient	93351	Stress TTE complete.	general practice	1	1	Medical Necessity	
Calpanoni		Transthoracic echocardiography (stress echo) with monitoring.	general practice				
Outpatient	93351	Stress TTE complete.	hospital	18	0		
·		Transthoracic echocardiography (stress echo) with monitoring.	·				
Outpatient	93351	Stress TTE complete.	internal medicine	2	0		
		Transthoracic echocardiography (stress echo) with monitoring.					
Outpatient	93351	Stress TTE complete.	multiple specialty site	4	1	Medical Necessity	
		Transthoracic echocardiography (stress echo) with monitoring.		•	•		
Outpatient	93351	Stress TTE complete.	specialty hospitals	3	0		
		Transthoracic echocardiography (stress echo) with monitoring.		1	0		
Outpatient	93351	Stress TTE complete.	vascular surgery	I	0		
Inpatient	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Cardiology	1	0		
		Right heart catheterization including measurement(s) of oxygen		0	0		
Outpatient	93451	saturation and cardiac output, when performed	hospital	3	0		
		Right heart catheterization including measurement(s) of oxygen		3	1		
Outpatient	93451	saturation and cardiac output, when performed	multiple specialty site	5		Medical Necessity	
		Right heart catheterization including measurement(s) of oxygen		4	0		
Outpatient	93451	saturation and cardiac output, when performed	specialty hospitals	•	Ũ		
		Left heart catheterization including intraprocedural injection(s) for					
	00450	left ventriculography, imaging supervision and interpretation when performed		1	0		
Outpatient	93452	Catheter placement in coronary artery(s) for coronary	specialty hospitals				
		angiography, including intraprocedural injection(s) for coronary		0	0		
Outpatient	93454	angiography, imaging supervision and interpretation	hospital	2	0		
Outpatient	55454	Catheter placement in coronary artery(s) for coronary	nospitat				
		angiography, including intraprocedural injection(s) for coronary					
		angiography, imaging supervision and interpretation; with right		1	0		
Outpatient	93456	heart catheterization	hospital				
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Inpatient/	Procedure			Approved	Doniod		Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approveu	Denieu	Denial Reason	Appeal
		Catheter placement in coronary artery(s) for coronary					
		angiography, including intraprocedural injection(s) for coronary					
		angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left		1	0		
Outractions	00450						
Outpatient	93458	ven Catheter placement in coronary artery(s) for coronary	diagnostic radiology				
		angiography, including intraprocedural injection(s) for coronary					
		angiography, imaging supervision and interpretation; with left		9	1		
		heart catheterization including intraprocedural injection(s) for left		9	I		
Outpatient	93458	ven	hospital			Medical Necessity	
Calpanoni		Catheter placement in coronary artery(s) for coronary					
		angiography, including intraprocedural injection(s) for coronary					
		angiography, imaging supervision and interpretation; with left		2	0		
		heart catheterization including intraprocedural injection(s) for left					
Outpatient	93458	ven	internal medicine				
		Catheter placement in coronary artery(s) for coronary					
		angiography, including intraprocedural injection(s) for coronary					
		angiography, imaging supervision and interpretation; with left		8	1		
		heart catheterization including intraprocedural injection(s) for left					
Outpatient	93458	ven	multiple specialty site			Medical Necessity	
		Catheter placement in coronary artery(s) for coronary					
		angiography, including intraprocedural injection(s) for coronary					
		angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left		5	1		
Outpotiont	00450	ven	ana sialty bassitala				
Outpatient	93458	Catheter placement in coronary artery(s) for coronary	specialty hospitals			Medical Necessity	
		angiography, including intraprocedural injection(s) for coronary					
		angiography, imaging supervision and interpretation; with left		1	0		
		heart catheterization including intraprocedural injection(s) for left			0		
Outpatient	93459	ven	hospital				
		Catheter placement in coronary artery(s) for coronary					
		angiography, including intraprocedural injection(s) for coronary					
		angiography, imaging supervision and interpretation; with right		1	0		
		and left heart catheterization including intraprocedural injection(s)					
Outpatient	93460	fo	diagnostic radiology				
		Catheter placement in coronary artery(s) for coronary					
		angiography, including intraprocedural injection(s) for coronary					
		angiography, imaging supervision and interpretation; with right		2	0		
		and left heart catheterization including intraprocedural injection(s)					
Outpatient	93460	fo	hospital				

		ido Prior Authorization Report- Aetna Life Insurance Com	pany and Aetna Health Inc. a	s required	by C.R.	S. 10-16-112.5 (2	<u>2)(c)(l)</u>
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
	•	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s)		1	0		
Outpatient	93460	fo Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s)	multiple specialty site	1	0		
Outpatient	93460	fo Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to	specialty hospitals	0	1		
Outpatient	93593	the target zone; normal native connections	hospital	Ū		Medical Necessity	
Inpatient	93656	COMPRE EP EVAL ABLTJ ATR FIB Electroencephalogram (EEG), continuous recording, physician or	Cardiology	1	0	- ,	
		other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater		1	0		
Inpatient	95720	th Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and	Pediatrics	1	0		
Inpatient	95724	summary Polysomnography; younger than 6 years, sleep staging with 4 or	Pediatrics				
Outpatient	95782	more additional parameters of sleep, attended by a technologist Polysomnography; younger than 6 years, sleep staging with 4 or	diagnostic radiology	1	0		
Outpatient	95782	more additional parameters of sleep, attended by a technologist Polysomnography; younger than 6 years, sleep staging with 4 or	hospital	4	0		
Outpatient	95782	more additional parameters of sleep, attended by a technologist Polysomnography; younger than 6 years, sleep staging with 4 or	Hospital	1	0		
Outpatient	95782	more additional parameters of sleep, attended by a technologist Polysomnography; younger than 6 years, sleep staging with 4 or	multiple specialty site	1	0		
Outpatient	95782	more additional parameters of sleep, attended by a technologist Polysomnography; younger than 6 years, sleep staging with 4 or	outpatient clinic	1	0		
Outpatient	95782	more additional parameters of sleep, attended by a technologist Polysomnography; younger than 6 years, sleep staging with 4 or	pediatrics	1	0		
Outpatient	95782	more additional parameters of sleep, attended by a technologist Polysomnography; younger than 6 years, sleep staging with 4 or	sleep diagnostic center	2	0		
Outpatient	95782	more additional parameters of sleep, attended by a technologist Polysomnography; younger than 6 years, sleep staging with 4 or	specialty hospitals	5	1	Medical Necessity	
Outpatient	95782	more additional parameters of sleep, attended by a technologist Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous	speech pathology	1	0		
Outractions	05700	positive airway pressure therapy or bi-level ventilation, attended by a technologist	has 200	1	0		
Outpatient 2862983-01-02	95783	שי א נכטוווטוטנוטנ	hospital				

		ado Prior Authorization Report- Aetha Life Insurance Comp	bany and Aetha Health Inc. a	s required	by C.R.	5. 10-16-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	95805	Multiple sleep latency test	diagnostic radiology	0	2	Medical Necessity	
Outpatient	95805	Multiple sleep latency test	hospital	3	0		
Outpatient	95805	Multiple sleep latency test	multiple specialty site	3	2	Medical Necessity	
Outpatient	95805	Multiple sleep latency test	specialty hospitals	3	1	Medical Necessity	
Outpatient	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	allergy immunology	0	2	Medical Necessity	
Outpatient	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist Polysomnography; age 6 years or older, sleep staging with 4 or	diagnostic radiology	3	1	Medical Necessity	
Outpatient	95810	more additional parameters of sleep, attended by a technologist Polysomnography; age 6 years or older, sleep staging with 4 or	hospital	14	5	Medical Necessity	
Outpatient	95810	more additional parameters of sleep, attended by a technologist Polysomnography; age 6 years or older, sleep staging with 4 or	Hospital	0	2	Medical Necessity	
Outpatient	95810	more additional parameters of sleep, attended by a technologist Polysomnography; age 6 years or older, sleep staging with 4 or	multiple specialty site	14	3	Medical Necessity	1
Outpatient	95810	more additional parameters of sleep, attended by a technologist	neurology	0	1	Medical Necessity	
Outpatient	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	outpatient clinic	2	0		
Outpatient	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	pediatrics	3	0		
Outpatient	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	pulmonologist	0	1	Medical Necessity	
		Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		1	0	·····,	
Outpatient	95810	Polysomnography; age 6 years or older, sleep staging with 4 or	radiation oncology	7	4		
Outpatient	95810	more additional parameters of sleep, attended by a technologist Polysomnography; age 6 years or older, sleep staging with 4 or	sleep diagnostic center			Medical Necessity	
Outpatient	95810	more additional parameters of sleep, attended by a technologist Polysomnogram; age 6 years or older, sleep staging with 4 or	specialty hospitals	22	4	Medical Necessity	
Outpotiont	05011	more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist		1	0		
Outpatient	95811	Polysomnogram; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by	ambulatory surgery center	1	2		
Outpatient	95811	a technologist Polysomnogram; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous	cardiology	0	1	Medical Necessity	
Outpatiant	05911	positive airway pressure therapy or bilevel ventilation, attended by a technologist	diagnostic redialogy	9	1	Madical Nacassity	
Outpatient	95811	a teennoivyist	diagnostic radiology			Medical Necessity	

Inpatient/	Procedure			Approved	Denied		Overturned or
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Defiled	Denial Reason	Appeal
		Polysomnogram; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous					
		positive airway pressure therapy or bilevel ventilation, attended by		0	1		
Outpatient	95811	a technologist	family practice			Medical Necessity	
outpatient	00011	Polysomnogram; age 6 years or older, sleep staging with 4 or				weater recessity	
		more additional parameters of sleep, with initiation of continuous					
		positive airway pressure therapy or bilevel ventilation, attended by		0	1		
Outpatient	95811	a technologist	general practice			Medical Necessity	
		Polysomnogram; age 6 years or older, sleep staging with 4 or					
		more additional parameters of sleep, with initiation of continuous		12	4		
• • • •		positive airway pressure therapy or bilevel ventilation, attended by		16	-		
Outpatient	95811	a technologist	Hospital			Medical Necessity	
		Polysomnogram; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous					
		positive airway pressure therapy or bilevel ventilation, attended by		15	8		
Outpatient	95811	a technologist	hospital			Medical Necessity	
		Polysomnogram; age 6 years or older, sleep staging with 4 or				,	
		more additional parameters of sleep, with initiation of continuous		_			
		positive airway pressure therapy or bilevel ventilation, attended by		7	1		
Outpatient	95811	a technologist	internal medicine			Medical Necessity	
		Polysomnogram; age 6 years or older, sleep staging with 4 or					
		more additional parameters of sleep, with initiation of continuous		35	23		
Outrationt	05044	positive airway pressure therapy or bilevel ventilation, attended by					
Outpatient	95811	a technologist Polysomnogram; age 6 years or older, sleep staging with 4 or	multiple specialty site			Medical Necessity	
		more additional parameters of sleep, with initiation of continuous					
		positive airway pressure therapy or bilevel ventilation, attended by		1	0		
Outpatient	95811	a technologist	outpatient clinic				
·		Polysomnogram; age 6 years or older, sleep staging with 4 or	·				
		more additional parameters of sleep, with initiation of continuous		0	4		
		positive airway pressure therapy or bilevel ventilation, attended by		3	1		
Outpatient	95811	a technologist	pediatrics			Medical Necessity	
		Polysomnogram; age 6 years or older, sleep staging with 4 or					
		more additional parameters of sleep, with initiation of continuous		17	8		
Outpationt	95811	positive airway pressure therapy or bilevel ventilation, attended by a technologist	sleep diagnostic contor			Medical Necessity	
Outpatient	90011	Polysomnogram; age 6 years or older, sleep staging with 4 or	sleep diagnostic center			Medical Necessity	
		more additional parameters of sleep, with initiation of continuous					
		positive airway pressure therapy or bilevel ventilation, attended by		16	6		
Outpatient	95811	a technologist	specialty hospitals			Medical Necessity	
Inpatient	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Surgery, Neurological	1	0		
Outpatient	96116	NUBHVL STATUS XM PR HR W/PT INTERPJ&PREPJ	Clinical Psychologist	1	0		
Outpatient	96130	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	Clinical Psychologist	2	0		
62983-01-02							

Inpatient/	Procedure	ado Prior Authorization Report- Aetha Life Insurance Con T	I Actual Return Reditin Inc. as		Dy C.R.	3. 10-10-112.3 (2	Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
Outpatient	96130	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	Unknown	1	0		
Outpatient	96131	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	Clinical Psychologist	2	0		
Outpatient	96131	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	Unknown	1	0		
Outpatient	96132	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	Clinical Psychologist	5	0		
Outpatient	96133	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	Clinical Psychologist	3	0		
Outpatient	96136	PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	Clinical Psychologist	5	0		
Outpatient	96136	PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	Unknown	1	0		
Outpatient	96137	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	Clinical Psychologist	3	0		
Outpatient	96137	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	Unknown	1	0		
Outpatient	96409	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	Pediatric Hematology-Oncology	2	0		
Outpatient	96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	Pediatric Hematology-Oncology	1	0		
Inpatient	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	Pediatric Hematology-Oncology	2	0		
Inpatient	96415	CHEMOTHERAPY ADMN IV INFUSION TO EA HR	Pediatric Hematology-Oncology	2	0		
Inpatient	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	Pediatric Hematology-Oncology	1	0		
Inpatient	96417	CHEMOTX ADMN IV NFS TỌ EA SEỌL NFS TO 1 HR	Pediatric Hematology-Oncology	1	0		
Outpatient	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Unknown	0	1	Medical Necessity	
Outpatient	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Unknown	0	1	Medical Necessity	
Outpatient	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Unknown	0	1	Medical Necessity	
Outpatient	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	Applied Behavioral Analysis	13	0		
Outpatient	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	Clinical Psychologist	1	0		
Outpatient	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	Unknown	28	0		
Outpatient	97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	Applied Behavioral Analysis	5	0		
Outpatient	97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	Unknown	1	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Applied Behavioral Analysis	25	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Unknown	5	0		
Outpatient	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Applied Behavioral Analysis	2	0		
Outpatient	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	Applied Behavioral Analysis	25	0		
Outpatient	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	Unknown	5	0		
Outpatient	97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	Applied Behavioral Analysis	25	0		
Outpatient	97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	Unknown	5	0		
Outpatient	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Unknown	0	1	Medical Necessity	
Outpatient	97813	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	Acupuncturist	0	1	Medical Necessity	
Outpatient	99203	OFFICE O/P NEW LOW 30-44 MIN	Psychiatric Nurse	1	0		
Outpatient	99204	OFFICE O/P NEW MOD 45-59 MIN	Psychiatric Nurse	1	0		
Outpatient	99213	OFFICE O/P EST LOW 20-29 MIN	Psychiatric Nurse	1	0		
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-		ado Prior Authorization Report- Aetna Life Insurance Con	npany and Aetha Health Inc. as	required	DY C.R.	.3. 10-10-112.5 (2 T	1
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	99214	OFFICE O/P EST MOD 30-39 MIN	Psychiatric Nurse	1	0		
Outpatient	99214	OFFICE O/P EST MOD 30-39 MIN	Psychiatry, Child & Adolescent	1	0		
Outpatient	99215	OFFICE O/P EST HI 40-54 MIN	Psychiatry, Child & Adolescent	1	0		
Inpatient	99223	1ST HOSP IP/OBS HIGH 75	Pediatric Hematology-Oncology	1	0		
Outpatient	99417	PROLNG OP E/M EACH 15 MIN	Emergency Medicine	1	0		
Outpatient	99417	PROLNG OP E/M EACH 15 MIN	Gastroenterology	1	0		
Outpatient	99417	PROLNG OP E/M EACH 15 MIN	Hematology/Oncology	1	0		
Outpatient	99417	PROLNG OP E/M EACH 15 MIN	Nephrology	1	0		
Outpatient	99417	PROLNG OP E/M EACH 15 MIN	Transplant Hepatology	1	0		
Outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Gynecology	0	1	Medical Necessity	
Outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Physician Assistant (Family Practice)	0	2	Medical Necessity	
Outpatient	0055T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT/MRI Noninvasive estimate of coronary fractional flow reserve (FFR)	Surgery, Orthopedic	0	2	Medical Necessity	
		derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health		10	1		
Outpatient	0502T	care professional Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health	hospital	2	0		
Outpatient	0502T	care professional Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health	multiple specialty site	1	0		
Outpatient	0503T	care professional Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health	diagnostic radiology	1	1		
Outpatient	0503T	care professional	hospital			Medical Necessity	
Outpatient	0504T	Noninvasive estimate of coronary fractional flow reserve (FFR)	hospital	2	1		
Outpatient	0504T	Noninvasive estimate of coronary fractional flow reserve (FFR) Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with	Hospital	1 0	0		
Outpatient	0627T	fluoroscopic guidance, lumbar; first level	ambulatory surgery center	0	I	Medical Necessity	
Inpatient	CD	Chemical Dependency	Addictionology	1	0		
Inpatient	CD	Chemical Dependency	Family Practice	4	0		
Inpatient 2862983-01-02	CD	Chemical Dependency	Internal Medicine	5	0		

		do Prior Authorization Report- Aetha Life Insurance Com	pany and Aetha Health Inc. as	s required	бу С.К.	5. 10-16-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Inpatient	CD	Chemical Dependency	Psychiatry	17	1	Administrative	
Inpatient	CD	Chemical Dependency	Unknown	2	1	Administrative	
Inpatient	DETBABY	Detained Baby	Pediatrics	1	0		
Inpatient	DETOX	Detoxification	Addictionology	1	0		
Inpatient	DETOX	Detoxification	Anesthesiology	1	0		
Inpatient	DETOX	Detoxification	Child Psychiatry	1	0		
Inpatient	DETOX	Detoxification	Child Psychiatry	1	0		
Inpatient	DETOX	Detoxification	Family Practice	1	0		
Inpatient	DETOX	Detoxification	Internal Medicine	1	0		
Inpatient	DETOX	Detoxification	Neurology & Psychiatry	1	0		
Inpatient	DETOX	Detoxification	Psychiatry	11	0		
Inpatient	DETOX	Detoxification	Unknown	1	0		
Inpatient	DRG	Room & Board Ward-General Classification	Cardiovascular Disease	1	0		
Inpatient	DRG	Room & Board Ward-General Classification	Critical Care Medicine	0	1	Medical Necessity	
Inpatient	DRG	Room & Board Ward-General Classification	Emergency Medicine	3	0		
Inpatient	DRG	Room & Board Ward-General Classification	Family Practice	3	3	Administrative	
Inpatient	DRG	Room & Board Ward-General Classification	General Practice	1	0		
Inpatient	DRG	Room & Board Ward-General Classification	Internal Medicine	6	2	Administrative	
Inpatient	DRG	Room & Board Ward-General Classification	Midwife	1	0		
Inpatient	DRG	Room & Board Ward-General Classification	Neonatology	1	1	Administrative	
Inpatient	DRG	Room & Board Ward-General Classification	Neurology	2	1	Medical Necessity	
Inpatient	DRG	Room & Board Ward-General Classification	Obstetrics & Gynecology	8	2	Administrative	
Inpatient	DRG	Room & Board Ward-General Classification	Oncology, Gynecologic	2	0		
Inpatient	DRG	Room & Board Ward-General Classification	Pediatrics	3	2	Administrative	1
Inpatient	DRG	Room & Board Ward-General Classification	Pulmonary Disease	1	2	Administrative	
Inpatient	DRG	Room & Board Ward-General Classification	Surgery	3	2	Administrative	
Inpatient	DRG	Room & Board Ward-General Classification	Surgery, Neurological	2	1	Administrative	
Inpatient	DRG	Room & Board Ward-General Classification	Surgery, Thoracic Cardiovascular	1	0		
Outpatient	E0486	ORAL DEVICE/APPLIANCE CUSFAB	General Practice - Dental	0	1	Medical Necessity	
Outpatient	E0935	CONT PAS MOTION EXERCISE DEV	Unknown	1	0		
Outpatient	E1002	PWR SEAT TILT	Rehabilitation Medicine	1	0		
Outpatient	G0105	COLORECTAL SCRN; HI RISK IND	Gastroenterology	1	0		
Outpatient	G0121	COLON CA SCRN NOT HI RSK IND	Gastroenterology	5	0		
Outpatient	G0260	Inject for sacroliliac joint	ambulatory surgery center	1	0		
Outpatient	G0260	Radiation treatment guided by x-ray	ambulatory surgery center	1	0		
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Inpatient/	Procedure	ado Prior Authorization Report- Aetna Life Insurance Com				5. 10 10 112.5 (2	Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
Outpatient	G0277	Hbot, full body chamber, 30m	Hyperbaric Medicine	1	0		• • •
Outpatient	G2212	Prolong outpt/office vis	Psychiatry, Child & Adolescent	1	0		
Outpatient	G6002	Radiation treatment guided by x-ray	diagnostic radiology	2	0		
Outpatient	G6002	Radiation treatment guided by x-ray	hospital	17	0		
Outpatient	G6002	Radiation treatment guided by x-ray	Hospital	3	0		
Outpatient	G6002	Radiation treatment guided by x-ray	radiation oncology	9	1	Medical Necessity	
Outpatient	G6002	Radiation treatment guided by x-ray STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY.	specialty hospitals	9 0	2	Medical Necessity	
Outpatient	G6002	MPFS CODE IN PLACE OF 77421 FOR 2015 RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS,	radiation oncology	-		Medical Necessity	
		WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20 MEV OR GREATER. MPFS CODE IN PLACE OF 77416		1	0		
Outpatient	G6014	FOR 2015	radiation oncology				
Outpatient	G6014	Radiation treatment to three or more areas	diagnostic radiology	1	0		
Outpatient	G6014	Radiation treatment to three or more areas	hospital	18	0		
Outpatient	G6014	Radiation treatment to three or more areas	Hospital	1	0		
Outpatient	G6014	Radiation treatment to three or more areas	medical oncology	2	0		
Outpatient	G6014	Radiation treatment to three or more areas	multiple specialty site	1	0		
Outpatient	G6014	Radiation treatment to three or more areas	radiation oncology	5	0		
Outpatient	G6014	Radiation treatment to three or more areas	specialty hospitals	9	1	Medical Necessity	
Outpatient	G6015	Radiation treatment guided by x-ray	diagnostic radiology	2	0		
Outpatient	G6015	Radiation treatment guided by x-ray	hospital	7	1	Medical Necessity	
Outpatient	G6015	Radiation treatment guided by x-ray	Hospital	2	0		
Outpatient	G6015	Radiation treatment guided by x-ray	pediatrics	0	1	Medical Necessity	
Outpatient	G6015	Radiation treatment guided by x-ray	radiation oncology	7	0		
Outpatient	G6015	Radiation treatment guided by x-ray	specialty hospitals	6	1	Medical Necessity	
Outpatient	H0015	ALCOHOL AND/OR DRUG SERVICES	Family Practice	2	1	Medical Necessity	
Outpatient	H0035	MH PARTIAL HOSP TX UNDER 24H	Family Practice	2	0		
Outpatient	H0035	MH PARTIAL HOSP TX UNDER 24H	General Practice	4	0		
Outpatient	H0035	MH PARTIAL HOSP TX UNDER 24H	Psychiatric Nurse	1	0		
Outpatient	H0035	MH PARTIAL HOSP TX UNDER 24H	Psychiatry	15	0		
Outpatient	H0035	MH PARTIAL HOSP TX UNDER 24H	Psychiatry, Child & Adolescent	6	1	Medical Necessity	
Outpatient	H0035	MH PARTIAL HOSP TX UNDER 24H	Unknown	2	0		
Outpatient	H2036	A/D TX PROGRAM, PER DIEM	Emergency Medicine	0	1	administrative	
Outpatient 2862983-01-02 Proprietary	H2036	A/D TX PROGRAM, PER DIEM	Family Practice	3	0		

2023 Colorado Prior Authorization Report- Aetna Life Insurance Company and Aetna Health Inc. as required by C.R.S. 10-16-112.5 (2	2)(c)(I)
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		ado Prior Authorization Report- Aetna Life Insurance Com	pany and Aetha Health Inc. a	s required	by C.R.	5. 10-16-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on
Outpatient	H2036	A/D TX PROGRAM, PER DIEM	Psychiatry	4	0	Demarticasoff	Appeal
Outpatient	H2037	A/D TX PROGRAM, PER DIEM	Psychiatry	4	0		
Outpatient	H2038	A/D TX PROGRAM, PER DIEM	Emergency Medicine	0	1	Administrative	
Inpatient	ICU	Intensive Care Unit	Internal Medicine	2	0		
Inpatient	ICU	Intensive Care Unit	Pediatrics	1	ο		
Outpatient	J0178	Eylea	Office	12	1	Medical Necessity	
Outpatient	J0490	Benlysta	Office	1	0	-	
Outpatient	J0517	Fasenra	Office	1	0		
Outpatient	J0517	Fasenra	Pharmacy	1	0		
Outpatient	J0585	Botox	Office	46	3	Medical Necessity	
Outpatient	J0585	Botox	OutpatientHospital	5	3	Medical Necessity	
Outpatient	J0585	Botox	Pharmacy	3	0		
Outpatient	J0717	Cimzia	Office	1	0		
Outpatient	J0725	CHORIONIC GONADOTROPIN/1000U	Obstetrics & Gynecology	3	1	Administrative	
Outpatient	J0897	Prolia	OutpatientHospital	2	0		
Outpatient	J1437	Monoferric	Office	1	0		
Outpatient	J1439	Injectafer	OutpatientHospital	1	0		
Outpatient	J1561	Gammaked	Home	1	0		
Outpatient	J1561	Gamunex-C	Home	1	0		
Outpatient	J1561	Gamunex-C	OutpatientHospital	1	0		
Outpatient	J1561	Gamunex-C	Pharmacy	1	0		
Outpatient	J1568	Octagam	Office	1	0		
Outpatient	J1569	Gammagard	OutpatientHospital	2	0		
Outpatient	J1726	Makena	Home	1	0		
Outpatient	J1745	Remicade	Home	0	2	Medical Necessity	
Outpatient	J1745	Remicade	Office	4	2	Medical Necessity	
Outpatient	J1930	Somatuline Depot	OutpatientHospital	1	0		
Outpatient	J1932	Lanreotide Acetate	OutpatientHospital	1	0		
Outpatient	J2182	Nucala	Office	2	0		
Outpatient	J2182	Nucala	OutpatientHospital	1	0		
Outpatient	J2323	Tysabri	OutpatientHospital	0	1	Medical Necessity	
Outpatient	J2323	Tysabri	Pharmacy	1	0		
Outpatient	J2327	Skyrizi	Office	1	0		
Outpatient	J2327	Skyrizi	OutpatientHospital	1	0		
Outpatient	J2350	Ocrevus	Home	1	0		
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Inpatient/		T	ipany and Actina Health life. as	srequireu	by C.N.	5. 10-10-112.5 (2	
Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	J2350	Ocrevus	Office	5	0		, ppour
Outpatient	J2350	Ocrevus	OutpatientHospital	2	ο		
Outpatient	J2357	Xolair	Office	7	0		
Outpatient	J2357	Xolair	Pharmacy	4	0		
Outpatient	J2506	Neulasta	Office	1	0		
Outpatient	J2506	Neulasta	OutpatientHospital	2	0		
Outpatient	J2506	Neulasta Onpro	Office	1	0		
Outpatient	J2777	Vabysmo	Office	1	1	Medical Necessity	
Outpatient	J2778	Lucentis	Office	3	1	Medical Necessity	
Outpatient	J3032	Vyepti	Office	2	0		
Outpatient	J3032	Vyepti	OutpatientHospital	2	0		
Outpatient	J3145	Aveed	Pharmacy	1	0		
Outpatient	J3358	Stelara	Office	1	0		
Outpatient	J3380	Entyvio	Home	4	0		
Outpatient	J3380	Entyvio	Office	5	0		
Outpatient	J3380	Entyvio	OutpatientHospital	1	2	Medical Necessity	1
Outpatient	J7318	Durolane	Office	0	1	Administrative	
Outpatient	J7318	Durolane	Pharmacy	0	2	Medical Necessity	
Outpatient	J7321	Hyalgan	Office	0	1	Medical Necessity	
Outpatient	J7323	Euflexxa	Office	14	2	Medical Necessity	
Outpatient	J7323	Euflexxa	OutpatientHospital	1	0		
Outpatient	J7324	OrthoVisc	Office	11	1	Medical Necessity	
Outpatient	J7324	OrthoVisc	Pharmacy	1	0		
Outpatient	J7325	Synvisc One	Office	1	4	Medical Necessity	
Outpatient	J7325	Synvisc One	Pharmacy	0	1	Medical Necessity	
Outpatient	J7327	Monovisc	Office	13	3	Medical Necessity	
Outpatient	J7327	Monovisc	Pharmacy	3	0		
Outpatient	J7328	Gelsyn-3	Office	0	1	Medical Necessity	
Outpatient	J9022	Tecentriq	Office	1	0		
Outpatient	J9041	Velcade	OutpatientHospital	1	0		
Outpatient	J9144	Darzalex Faspro	OutpatientHospital	1	0		
Outpatient	J9202	Zoladex	Office	3	0		
Outpatient	J9202	Zoladex	OutpatientHospital	2	0		
Outpatient	J9217	Eligard	Office	1	0		
Outpatient	J9217	Lupron Depot (3-Month)	Office	1	0		
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		ado Prior Authorization Report- Aetha Life Insurance Com	pany and Aetha Health Inc. as	srequired	by C.R.	5. 10-16-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	J9217	Lupron Depot (3-Month)	Pharmacy	1	0	Domarrouson	πρρεαι
Outpatient	J9228	Yervoy	OutpatientHospital	1	0		
Outpatient	J9271	Keytruda	Office	1	0		
Outpatient	J9271	Keytruda	OutpatientHospital	3	0		
Outpatient	J9273	Tivdak	OutpatientHospital	1	0		
Outpatient	J9299	Opdivo	Office	1	0		
Outpatient	J9299	Opdivo	OutpatientHospital	2	0		
Outpatient	J9306	Perjeta	Office	2	0		
Outpatient	J9306	Perjeta	OutpatientHospital	1	0		
Outpatient	J9308	Cyramza	Office	1	0		
Outpatient	J9312	Rituxan	OutpatientHospital	1	0		
Outpatient	J9317	Trodelvy	OutpatientHospital	1	0		
Outpatient	J9354	Kadcyla	OutpatientHospital	1	0		
Outpatient	J9395	Faslodex	OutpatientHospital	1	0		
Outpatient	K0856	PWC GP3 STD SING POW OPT S/B	Rehabilitation Medicine	0	0		
Outpatient	L8619	COCH IMP EXT PROC/CONTR RPLC	Otolaryngology	0	0		
Inpatient	MAT	Maternity	Obstetrics & Gynecology	6	1	Administrative	
Inpatient	MED	Medical	Acute Short Term Hospital	6	2	Administrative	
Inpatient	MED	Medical	Cardiology	5	0		
Inpatient	MED	Medical	Cardiovascular Disease	5	2	Medical Necessity	
Inpatient	MED	Medical	Emergency Medicine	22	7	Administrative	
Inpatient	MED	Medical	Family Practice	17	9	Administrative	
Inpatient	MED	Medical	Gastroenterology	4	0		
Inpatient	MED	Medical	General Practice	5	0		
Inpatient	MED	Medical	Hematology/Oncology	1	0		
Inpatient	MED	Medical	Internal Medicine	111	37	Administrative	
Inpatient	MED	Medical	Interventional Cardiology	2	0		
Inpatient	MED	Medical	Maternal & Fetal Medicine	2	1	Medical Necessity	
Inpatient	MED	Medical	Midwife	1	1	Administrative	
Inpatient	MED	Medical	Neonatology	1	0		
Inpatient	MED	Medical	Nephrology	1	0		
Inpatient	MED	Medical	Neurology	7	1	Medical Necessity	
Inpatient	MED	Medical	Obstetrics & Gynecology	37	11	Administrative	
Inpatient	MED	Medical	Oncology, Medical	10	1	Administrative	
Inpatient	MED	Medical	Otolaryngology	7	0		

Inpatient/	Procedure	Ido Prior Authorization Report- Aetha Life Insurance Com	ipany and Aetha Health IIC. ds			3. 10-10-112.3 (2	Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Appeal
Inpatient	MED	Medical	Pediatric Cardiology	4	0		• • •
Inpatient	MED	Medical	Pediatric Critical Care	16	0		
Inpatient	MED	Medical	Pediatric Emergency Medicine	1	0		
Inpatient	MED	Medical	Pediatric Hematology-Oncology	22	2	Administrative	
Inpatient	MED	Medical	Pediatric Intensive Care	3	0		
Inpatient	MED	Medical	Pediatric Plastic Surgery	0	1	Administrative	
Inpatient	MED	Medical	Pediatric Surgery	2	1	Medical Necessity	
Inpatient	MED	Medical	Pediatrics	25	11	Administrative	
Inpatient	MED	Medical	Physical Medicine & Rehabilitation	0	1	Medical Necessity	
Inpatient	MED	Medical	Physician Assistant	1	1	Medical Necessity	
Inpatient	MED	Medical	Pulmonary Disease	4	2	Administrative	
Inpatient	MED	Medical	Surgery	38	17	Administrative	
Inpatient	MED	Medical	Surgery Critical care	3	2	Administrative	
Inpatient	MED	Medical	Surgery, Colon & Rectal	4	2	Administrative	
Inpatient	MED	Medical	Surgery, General Vascular	0	1	Administrative	
Inpatient	MED	Medical	Surgery, Neurological	22	1	Administrative	
Inpatient	MED	Medical	Surgery, Oncology	2	2	Administrative	
Inpatient	MED	Medical	Surgery, Orthopedic	6	8	Administrative	
Inpatient	MED	Medical	Surgery, Plastic and Reconstructive	4	0		
Inpatient	MED	Medical	Surgery, Thoracic	6	0		
Inpatient	MED	Medical	Surgery, Thoracic Cardiovascular	9	0		
Inpatient	MED	Medical	Unknown	11	1	Administrative	
Inpatient	MED	Medical	Urology	3	1	Medical Necessity	
Inpatient	MH	Mental Health	Acute Short Term Hospital	1	0		
Inpatient	MH	Mental Health	Addiction Psychiatry	1	0		
Inpatient	MH	Mental Health	Internal Medicine	1	0		
Inpatient	MH	Mental Health	ychiatric Hospital, Acute and Long Te	2	0		
Inpatient	MH	Mental Health	Psychiatry	50	5	Administrative	1
Inpatient	MH	Mental Health	Psychiatry, Child & Adolescent	2	3	Medical Necessity	
Inpatient	MH	Mental Health	Residential Treatment Facility	1	0		
Inpatient	MH	Mental Health	Unknown	1	0		
Inpatient	NEONICU	Neonatal ICU	Acute Short Term Hospital	1	1	Administrative	
Inpatient	NEONICU	Neonatal ICU	Family Practice	1	0		
Inpatient	NEONICU	Neonatal ICU	Neonatal-Perinatal Medicine	2	0		
Inpatient	NEONICU	Neonatal ICU	Neonatology	30	7	Administrative	

		In the second	ipally and Aetha Health IIIC. as	required	ыу С.К.	3. 10-10-112.5 (2	
Inpatient/ Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Inpatient	NEONICU	Neonatal ICU	Obstetrics & Gynecology	8	1	Administrative	
Inpatient	NEONICU	Neonatal ICU	Pediatrics	19	2	Administrative	
Outpatient	Q0138	Feraheme	Office	0	1	Medical Necessity	
Outpatient	Q0138	Feraheme	OutpatientHospital	2	3	Medical Necessity	
Outpatient	Q5101	Zarxio	Office	1	0		
Outpatient	Q5101	Zarxio	OutpatientHospital	3	0		
Outpatient	Q5103	Inflectra	Home	4	0		
Outpatient	Q5103	Inflectra	Office	3	0		
Outpatient	Q5103	Inflectra	OutpatientHospital	1	0		
Outpatient	Q5104	Renflexis	Office	0	1	Medical Necessity	
Outpatient	Q5107	Mvasi	OutpatientHospital	1	0		
Outpatient	Q5108	Fulphila	OutpatientHospital	1	0		
Outpatient	Q5110	Nivestym	Office	1	0		
Outpatient	Q5115	Truxima	Office	4	1	Administrative	
Outpatient	Q5115	Truxima	OutpatientHospital	4	0		
Outpatient	Q5120	Ziextenzo	OutpatientHospital	1	0		
Outpatient	Q5121	Avsola	Office	1	1	Medical Necessity	
Outpatient	Q5126	Alymsys	Office	1	0		
Inpatient	REHAB	Rehabilitation	Gynecology	5	1	Medical Necessity	
Inpatient	REHAB	Rehabilitation	Internal Medicine	3	0		
Inpatient	REHAB	Rehabilitation	Physical Medicine & Rehabilitation	2	0		
Outpatient	S0122	INJ MENOTROPINS 75 IU	Obstetrics & Gynecology	1	1	administrative	
Outpatient	S0126	INJ FOLLITROPIN ALFA 75 IU	Obstetrics & Gynecology	1	1	administrative	
Outpatient	S0128	INJ FOLLITROPIN BETA 75 IU	Obstetrics & Gynecology	1	0		
Outpatient	S0132	INJ GANIRELIX ACETAT 250 MCG	Obstetrics & Gynecology	2	1	administrative	
Inpatient	S2068	BREAST DIEP OR SIEA FLAP	Surgery, Plastic	3	0		
Outpatient	S4011	IVF PACKAGE	Endocrinology, Reproductive	9	4	administrative	
Outpatient	S4011	IVF PACKAGE	Obstetrics & Gynecology	4	1	Medical Necessity	
Outpatient	S4011	IVF PACKAGE	Unknown	0	1	Medical Necessity	
Outpatient	S4015	COMPLETE IVF NOS CASE RATE	Endocrinology, Reproductive	0	1	administrative	
Outpatient	S4015	COMPLETE IVF NOS CASE RATE	Obstetrics & Gynecology	3	1	Medical Necessity	
Outpatient	S4016	FROZEN IVF CASE RATE	Endocrinology, Reproductive	14	5	administrative	
Outpatient	S4016	FROZEN IVF CASE RATE	Obstetrics & Gynecology	4	2	Medical Necessity	
Outpatient	S4021	IVF CANC P ASPIR CASE RATE	indocrinology, Diabetes & Metabolisr	0	1	Medical Necessity	
Outpatient	S4021	IVF CANC P ASPIR CASE RATE	Endocrinology, Reproductive	0	1	Medical Necessity	

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Inpatient/	Procedure			Approved	Denied		Overturned on
Outpatient	Code	Procedure Code Description	Specialty-Servicing Provider	Аррготса	Denieu	Denial Reason	Appeal
Outpatient	S4021	IVF CANC P ASPIR CASE RATE	Unknown	0	1	Medical Necessity	
Outpatient	S4022	ASST OOCYTE FERT CASE RATE	Endocrinology, Reproductive	5	5	Medical Necessity	1
Outpatient	S4022	ASST OOCYTE FERT CASE RATE	Obstetrics & Gynecology	5	3	Medical Necessity	
Outpatient	S4022	ASST OOCYTE FERT CASE RATE	Unknown	0	1	Medical Necessity	
Outpatient	S4035	STIMULATED IUI CASE RATE	Endocrinology, Reproductive	2	0		
Outpatient	S4035	STIMULATED IUI CASE RATE	Obstetrics & Gynecology	1	2	Medical Necessity	
Inpatient	SBC	Skilled Nursing Care	Internal Medicine	8	1	Administrative	
Inpatient	SUR	Surgical	Internal Medicine	1	0		
Inpatient	SUR	Surgical	Obstetrics & Gynecology	4	0		
Inpatient	SUR	Surgical	Oncology, Gynecologic	3	0		
Inpatient	SUR	Surgical	Pediatrics	2	0		
Inpatient	SUR	Surgical	Surgery	12	4	Administrative	
Inpatient	SUR	Surgical	Surgery, Colon & Rectal	6	0		
Inpatient	SUR	Surgical	Surgery, General Vascular	0	1	Administrative	
Inpatient	SUR	Surgical	Surgery, Neurological	22	1	Administrative	
Inpatient	SUR	Surgical	Surgery, Oncology	1	0		
Inpatient	SUR	Surgical	Surgery, Orthopedic	22	20	Administrative	
Inpatient	SUR	Surgical	Surgery, Plastic and Reconstructive	7	0		
Inpatient	SUR	Surgical	Surgery, Thoracic	5	0		
Inpatient	SUR	Surgical	Surgery, Thoracic Cardiovascular	6	0		
Inpatient	SUR	Surgical	Urology	5	1	Medical Necessity	