

2019 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)

Inpatient/Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overtured on Appeal
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Radiation Oncology	3	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Radiation Oncology	3	0		
Outpatient	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF T	Radiation Oncology	1	0		
Outpatient	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO	Radiation Oncology	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR	Radiation Oncology	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, Q	Cardiovascular Disease	29	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, Q	Family Practice	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, Q	Free Standing Imaging Center	26	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, Q	Hospital	6	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, Q	Internal Medicine	6	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, Q	Interventional Cardiology	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, Q	Nurse Practitioner	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, Q	Free Standing Imaging Center	0	1	Administrative	OVERTURNED
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, Q	Free Standing Imaging Center	0	4	Administrative	
Outpatient	78454	"MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTIO	Free Standing Imaging Center	1	0		
Outpatient	78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	Free Standing Imaging Center	2	0		
Outpatient	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS, (EXE	Cardiovascular Disease	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT RE	Free Standing Imaging Center	1	0		
Outpatient	78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Internal Medicine	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Family Practice	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Free Standing Imaging Center	21	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Hematology/Oncology	4	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Hospital	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Internal Medicine	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Obstetrics & Gynecology	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Oncology, Medical	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Otolaryngology	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Pulmonary Disease	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Free Standing Imaging Center	0	13	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Hospital	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Obstetrics & Gynecology	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Oncology, Medical	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Radiation Oncology	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Radiology	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Family Practice	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Free Standing Imaging Center	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Hospital	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Free Standing Imaging Center	0	3	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Hematology/Oncology	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Oncology, Medical	0	1	Administrative	
Outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION	Obstetrics & Gynecology	1	0		
Outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION	Obstetrics & Gynecology	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE	Pediatrics	5	0		
Outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Mental Health Partial Day Hospital	1	0		
Outpatient	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	Mental Health Partial Day Hospital	1	0		
Outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Mental Health Partial Day Hospital	1	0		
Outpatient	90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	Mental Health Partial Day Hospital	1	0		

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Outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUD	Psychiatrist	1	0		
Outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT D	Psychiatrist	1	0		
Outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT M	Psychiatrist	1	0		
Outpatient	92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTR	Ophthalmology	1	0		
Outpatient	92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTR	Otolaryngology	1	0		
Outpatient	92603	DIAGNOSTIC ANALYSIS OR COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	Otolaryngology	1	0		
Outpatient	92604	DIAGNOSTIC ANALYSIS OR COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT PROGRAMMING	Otolaryngology	1	0		
Outpatient	92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	Otolaryngology	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Free Standing Imaging Center	2	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Cardiovascular Disease	0	2	Administrative	
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Family Practice	0	1	Administrative	
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Free Standing Imaging Center	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Cardiovascular Disease	5	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Family Practice	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Free Standing Imaging Center	13	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Hospital	4	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Internal Medicine	2	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Pulmonary Disease	2	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Cardiovascular Disease	0	7	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Free Standing Imaging Center	0	1	Administrative	OVERTURNED
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Free Standing Imaging Center	0	3	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-N	Hospital	0	2	Administrative	
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN S ATURATION AND CARDIAC	Cardiovascular Disease	1	0		
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN S ATURATION AND CARDIAC	Free Standing Imaging Center	3	0		
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN S ATURATION AND CARDIAC	Pediatric Cardiology	1	0		
Outpatient	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPH Y, INCLUDING INTRAPR	Free Standing Imaging Center	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPR	Cardiovascular Disease	2	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPR	Free Standing Imaging Center	6	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPR	Free Standing Imaging Center	0	1	Administrative	
Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPR	Free Standing Imaging Center	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPR	Free Standing Imaging Center	1	0		
Outpatient	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CO	Free Standing Imaging Center	1	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND I	Pulmonary Disease	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Free Standing Imaging Center	5	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Hospital	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Otolaryngology	4	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Sleep Medicine	3	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Anesthesiology	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Family Practice	0	3	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Free Standing Imaging Center	0	4	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Internal Medicine	0	4	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Neurology	0	2	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Pulmonary Disease	0	5	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Sleep Medicine	0	2	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Family Practice	5	0		
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Free Standing Imaging Center	8	0		
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Hospital	4	0		
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Internal Medicine	7	0		

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Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Pulmonary Disease	9	0		
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Sleep Medicine	4	0		
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Anesthesiology	0	1	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Family Practice	0	7	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Free Standing Imaging Center	0	13	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Internal Medicine	0	10	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Nurse Practitioner	0	3	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Pulmonary Disease	0	9	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMET	Sleep Medicine	0	4	Administrative	
Outpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROC	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG);	Pediatrics	1	0		
Outpatient	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG);	Hematology/Oncology	0	1	Medical Necessity	
Outpatient	96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTAN	Allergy & Immunology	1	0		
Outpatient	96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTAN	Internal Medicine	1	0		
Outpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INIT	Rheumatology	2	0		
Outpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INIT	Gastroenterology	1	0		
Outpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INIT	Neurology	2	0		
Outpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INIT	Gastroenterology	0	1	Medical Necessity	
Outpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INIT	Nurse Practitioner	0	1	Medical Necessity	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Physical Therapy	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVE	Chiropractor	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVE	Hospital	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVE	Physical Therapy	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, N	Hospital	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, N	Physical Therapy	2	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH	Applied Behavioral Health Therapist	2	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH	Mental Health Outpatient	1	0		
Outpatient	97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE	Applied Behavioral Health Therapist	1	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION	Applied Behavioral Health Therapist	2	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION	Mental Health Outpatient	1	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR O	Applied Behavioral Health Therapist	2	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR O	Mental Health Outpatient	1	0		
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIE	Applied Behavioral Health Therapist	2	0		
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIE	Mental Health Outpatient	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	4	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	0	1	Administrative	
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYP	Surgery	1	0		
Outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PA	Mental Health Partial Day Hospital	1	0		
Outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Transition of Care Request	1	0		
Outpatient	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION , PER VISIT (UP TO 2 HOURS)	Home Infusion	3	0		
Outpatient	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	Hospital	1	0		
Outpatient	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	Free Standing Imaging Center	0	1	Administrative	
Outpatient	C8937	COMPUTER-AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF BREAST MRI IMAGE DA	Hospital	1	0		
Outpatient	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Cardiovascular Disease	2	0		
Outpatient	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	DME Vendor	1	0		
Outpatient	G0151	Physical Therapy, Home Health	Physical Therapy Vendor				
Outpatient	G0176	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIES NOT FOR	Mental Health Partial Day Hospital	1	0		

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Outpatient	G0177	TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF	Mental Health Partial Day Hospital	1	0		
Outpatient	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER T	Physical Medicine & Rehabilitation	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	6	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Free Standing Imaging Center	18	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Hospital	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Internal Medicine	2	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Pulmonary Disease	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Free Standing Imaging Center	0	1	Administrative	
Outpatient	G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SE	Skilled Nursing	1	0		
Outpatient	G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASE STEREOTACTIC RADIOSURGERY, COMPLETE COUR	Radiation Oncology	2	0		
Outpatient	G0340	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLU	Radiation Oncology	1	0		
Outpatient	G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITALIZATION	Mental Health Partial Day Hospital	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIA	Hospital	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIA	Radiation Oncology	3	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANG	Hospital	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANG	Radiation Oncology	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIA	Radiation Oncology	2	0		
Outpatient	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	Chemical Dependency Intensive Outpat	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	16	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	0	5	Medical Necessity	
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	2	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	4	0		
Outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	3	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	12	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neuromusculoskeletal Medicine and ON	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Physical Medicine & Rehabilitation	4	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Dermatology	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Anesthesiology	1	0		
Outpatient	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	Neurology	1	0		
Outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTER	Rheumatology	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	1	0		
Outpatient	J0898	INJECTION, DENOSUMAB, 1 MG	Rheumatology	1	0		
Outpatient	J0899	INJECTION, DENOSUMAB, 1 MG	Anesthesiology	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Nephrology	1	0		
Outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	1	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	4	0		
Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Internal Medicine	1	0		
Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatrics	0	1	Administrative	
Outpatient	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Obstetrics & Gynecology	1	0		
Outpatient	J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	Physician Assistant	1	0		
Outpatient	J1744	INJECTION, ICATIBANT, 1 MG	Allergy & Immunology	2	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	3	0		
Outpatient	J1746	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	5	0		
Outpatient	J1747	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Ophthalmology	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Nurse Practitioner	1	0		
Outpatient	J2182	INJECTION, MEPOLIZUMAB, 1 MG	Critical Care Medicine	2	0		
Outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	5	0		
Outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Nurse Practitioner	1	0		

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Inpatient/Outpatient	Procedure Code	Procedure Code Description	Specialty-Servicing Provider	Approved	Denied	Denial Reason	Overturned on Appeal
Outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	0	1	Medical Necessity	
Outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	4	0		
Outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	0	1	Medical Necessity	
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	10	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	0	1	Medical Necessity	
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	1	0		
Outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	1	0		
Outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	0	1	Medical Necessity	
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	2	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	3	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	2	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Internal Medicine	3	0		
Outpatient	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	Hospital	1	0		
Outpatient	J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER	Surgery, Orthopedic	1	0		
Outpatient	J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER	Pain Management	0	1	Medical Necessity	
Outpatient	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	1	0		
Outpatient	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Emergency Medicine	0	1	Medical Necessity	
Outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	6	0		
Outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	0	1	Administrative	
Outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	1	0		
Outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	12	0		
Outpatient	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	Nurse Practitioner	4	0		
Outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	0	1	Medical Necessity	
Outpatient	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Oncology, Medical	1	0		
Outpatient	J9145	INJECTION, DARATUMUMAB, 10 MG	Hematology/Oncology	2	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	4	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	2	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	5	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	1	0		
Outpatient	L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON.	DME Vendor	1	0		
Outpatient	NPR	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	Request for Non-Par Provider	1	0		
Outpatient	NPR	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROC	Request for Non-Par Provider	1	0		
Outpatient	NPR	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	Request for Non-Par Provider	3	0		
Outpatient	NPR	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, GOLD WEIGH	Request for Non-Par Provider	1	0		
Outpatient	NPR	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HAND	Request for Non-Par Provider	2	0		
Outpatient	NPR	D PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED	Request for Non-Par Provider	1	0		
Outpatient	NPR	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LA	Request for Non-Par Provider	0	1	Administrative	
Outpatient	NPR	DISCUSSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OF	Request for Non-Par Provider	1	0		
Outpatient	NPR	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUI	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ABLATION OF TUMOR(S), POLYP(S), C	Request for Non-Par Provider	1	0		
Outpatient	NPR	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	Request for Non-Par Provider	1	0		
Outpatient	NPR	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BAL	Request for Non-Par Provider	1	0		
Outpatient	NPR	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC ULTRASOUND EXAMIN	Request for Non-Par Provider	1	0		
Outpatient	NPR	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC BALLOON DILA	Request for Non-Par Provider	1	0		
Outpatient	NPR	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMUR	Request for Non-Par Provider	1	0		

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Outpatient	NPR	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH ELECTRODIAGNOSTIC	Request for Non-Par Provider	1	0		
Outpatient	NPR	GRAFT; COMPOSITE (FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE	Request for Non-Par Provider	1	0		
Outpatient	NPR	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, WITH	Request for Non-Par Provider	1	0		
Outpatient	NPR	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS	Request for Non-Par Provider	0	2	Medical Necessity	
Outpatient	NPR	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	Request for Non-Par Provider	0	3	Medical Necessity	
Outpatient	NPR	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	Request for Non-Par Provider	2	0		
Outpatient	NPR	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	Request for Non-Par Provider	0	2	Medical Necessity	
Outpatient	NPR	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL FIXATION	Request for Non-Par Provider	1	0		
Outpatient	NPR	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION	Request for Non-Par Provider	0	1	Administrative	
Outpatient	NPR	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION	Request for Non-Par Provider	0	1	Administrative	
Outpatient	NPR	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Request for Non-Par Provider	1	0		
Outpatient	NPR	PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE(S) (BEYOND THE TYPICAL	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE(S) (BEYOND THE TYPICAL	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Request for Non-Par Provider	1	0		
Outpatient	NPR	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	Request for Non-Par Provider	1	0		
Outpatient	NPR	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Request for Non-Par Provider	2	0		
Outpatient	NPR	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD REPAIR)	Request for Non-Par Provider	1	0		
Outpatient	NPR	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	Request for Non-Par Provider	1	0		
Outpatient	NPR	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE , CESAREAN DELIVERY, AND POSTPARTUM CARE	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR; FULL LEG	Request for Non-Par Provider	1	0		
Outpatient	NPR	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, RESTRICTED	Request for Non-Par Provider	0	1	Administrative	
Outpatient	NPR	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCALATION	Request for Non-Par Provider	1	0		
Outpatient	NPR	SYNTHETIC SHEEPSKIN PAD	Request for Non-Par Provider	3	0		
Outpatient	NPR	SYNTHETIC SHEEPSKIN PAD	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY)	Request for Non-Par Provider	1	0		
Outpatient	NPR	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY)	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDERS	Request for Non-Par Provider	1	0		
Outpatient	NPR	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION)	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	NPR	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT	Request for Non-Par Provider	0	1	Medical Necessity	OVERTURNED
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Request for Non-Par Provider	1	0		
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Request for Non-Par Provider	0	4	Medical Necessity	
Outpatient	NPR	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	Request for Non-Par Provider	0	1	Medical Necessity	
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Vendor	1	0		
Outpatient	Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Vendor	2	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	1	0		
Outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	1	0		
Outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY)	Private Duty Nursing	0	1	Medical Necessity	
Outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Private Duty Nursing	0	1	Medical Necessity	