

2020 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	Overtaken on Appeal
Inpatient	14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Surgery, Plastic and Reconstructive	1	0		
Inpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic and Reconstructive	1	0		
Inpatient	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Surgery, Neurological	1	0		
Inpatient	19318	REDUCTION MAMMAPLASTY	Pediatric Plastic Surgery	0	1	Medical Necessity	
Inpatient	20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS, ETC)	Surgery, Neurological	1	0		
Inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	1	0		
Inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	2	0		
Inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	4	0		
Inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	0	2	Medical Necessity	
Inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	0	5	Medical Necessity	
Inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	1	0		
Inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	1	0		
Inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	0	1	Medical Necessity	
Inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	0	1	Medical Necessity	
Inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	1	0		
Inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	1	0		
Inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	2	0		
Inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	0	1	Medical Necessity	
Inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	1	0		
Inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	1	0		
Inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	0	1	Medical Necessity	
Inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	0	3	Medical Necessity	
Inpatient	21085	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR ORAL SURGICAL SPLINT.	Surgery, Oral & Maxillofacial	1	0		
Inpatient	21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	Surgery	1	0		

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Inpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Maxillofacial	1	0		
Inpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery	1	0		
Inpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	1	0		
Inpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery	1	0		
Inpatient	21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	Surgery, General Vascular	1	0		
Inpatient	21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY	Surgery, General Vascular	1	0		
Inpatient	21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	Surgery, General Vascular	1	0		
Inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	2	0		
Inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	1	0		
Inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	0	2	Medical Necessity	
Inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	1	0		
Inpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	1	0		
Inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	1	0		
Inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	3	0		
Inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	0	2	Medical Necessity	
Inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	0	3	Medical Necessity	
Inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	3	0		
Inpatient	22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	1	0		
Inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	1	0		
Inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	3	0		
Inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	0	3	Medical Necessity	
Inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	2	0		
Inpatient	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	1	0		
Inpatient	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	0	1	Medical Necessity	

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Inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Neurological	2	0		
Inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	5	0		
Inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Neurological	0	1	Medical Necessity	
Inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	2	0		
Inpatient	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Pediatric Orthopedic	1	0		
Inpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Orthopedic	1	0		
Inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	2	0		
Inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	3	0		
Inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	0	2	Medical Necessity	
Inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	0	4	Medical Necessity	
Inpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	2	0		
Inpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	6	0		
Inpatient	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	1	0		
Inpatient	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	1	0		
Inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	2	0		
Inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	2	0		
Inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	0	2	Medical Necessity	
Inpatient	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	1	0		

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Inpatient	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	2	0		
Inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	5	0		
Inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Orthopedic	10	0		
Inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	0	2	Medical Necessity	
Inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Orthopedic	0	5	Medical Necessity	
Inpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	1	0		
Inpatient	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	Surgery, Neurological	0	1	Medical Necessity	
Inpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	1	0		
Inpatient	22899	UNLISTED PROCEDURE, SPINE	Surgery, Orthopedic	1	0		
Inpatient	23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HENIARTHROPLASTY	Surgery, Orthopedic	0	1	Medical Necessity	
Inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	3	0		
Inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	0	2	Medical Necessity	
Inpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	2	0		
Inpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	1	0		
Inpatient	27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	Surgery, Orthopedic	1	0		
Inpatient	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Surgery, Orthopedic	1	0		
Inpatient	27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Surgery, Orthopedic	1	0		
Inpatient	27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Surgery, Orthopedic	0	1	Medical Necessity	
Inpatient	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	Surgery, Orthopedic	2	0		
Inpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	1	0		
Inpatient	32310	PLEURECTOMY; PARIETAL (SEPARATE PROCEDURE)	Surgery, General Vascular	1	0		
Inpatient	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	Pediatric Surgery	1	0		
Inpatient	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL	Surgery, Thoracic Cardiovascular	1	0		
Inpatient	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery	1	0		

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Inpatient	33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION WITH OR WITHOUT RING	Surgery, Thoracic Cardiovascular	1	0		
Inpatient	33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM; WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	Surgery, Thoracic Cardiovascular	1	0		
Inpatient	35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	Surgery, General Vascular	1	0		
Inpatient	36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	Pediatric Hematology Oncology	1	0		
Inpatient	36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL PELVIC OR LOWER EXTREMITY ARTERY BRANCH WITHIN A VASCULAR FAMILY	Pediatric Hematology Oncology	1	0		
Inpatient	36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	Pediatric Hematology Oncology	1	0		
Inpatient	36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIA	Pediatric Hematology Oncology	1	0		
Inpatient	36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP, WITHOUT IMAGING GUIDANCE; YOUNGER THAN 5 YEARS OF AGE	Pediatric Surgery	1	0		
Inpatient	36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; UNDER 5 YEARS OF AGE	Pediatric Surgery	1	0		
Inpatient	38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	Acute Short Term Hospital	1	0		
Inpatient	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	1	0		
Inpatient	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology/Facial Plastic Surgery	1	0		
Inpatient	42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	Surgery, Plastic and Reconstructive	1	0		
Inpatient	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH THORACOSCOPIC MOBILIZATION OF THE UPPER, MIDDLE, AND LOWER MEDIASTINAL ESOPHAGUS, WITH SEPARATE LAPAROSCOPIC PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH OPEN CERVICAL PHAR	Surgery	1	0		
Inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDIN AL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	0	1	Administrative	
Inpatient	44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	Surgery	1	0		
Inpatient	44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	2	0		
Inpatient	44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	Surgery	1	0		
Inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	4	0		
Inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	1	0		
Inpatient	44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA	Surgery	1	0		
Inpatient	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery	1	0		
Inpatient	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery , Colon & Rectal	1	0		
Inpatient	45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	Surgery	1	0		
Inpatient	45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	Surgery, Colon & Rectal	1	0		
Inpatient	46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL APPROACH	Pediatric Surgery	1	0		
Inpatient	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Surgery	1	0		
Inpatient	48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY;	Surgery	1	0		
Inpatient	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	1	0		
Inpatient	51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING ANY SEGMENT OF SMALL AND/OR LARGE INTESTINE TO CONSTRUCT NEOBLADDER	Urology	1	0		
Inpatient	51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	Urology	1	0		

2020 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
Inpatient	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE, FOR RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA	Surgery, Plastic and Reconstructive	1	0		
Inpatient	54125	AMPUTATION OF PENIS; COMPLETE	Surgery, Plastic and Reconstructive	1	0		
Inpatient	54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATION OF PREPUCE AND/OR SKIN FLAPS	Pediatric Urology	1	0		
Inpatient	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	Surgery, Plastic and Reconstructive	1	0		
Inpatient	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	1	0		
Inpatient	55970	INTERSEX SURGERY; MALE TO FEMALE	Surgery, Plastic and Reconstructive	1	0		
Inpatient	57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED	Pediatric Surgery	1	0		
Inpatient	58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Obstetrics & Gynecology	1	0		
Inpatient	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Gynecologic Oncology	1	0		
Inpatient	58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Obstetrics & Gynecology	1	0		
Inpatient	58952	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH RADICAL DISSECTION FOR DEBULKING (IE, RADICAL EXCISION OR DESTRUCTION, INTR-ABDOMINAL OR RETROPERITONEAL TUMORS)	Gynecologic Oncology	1	0		
Inpatient	58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING	Obstetrics & Gynecology	1	0		
Inpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Obstetrics & Gynecology	1	0		
Inpatient	59852	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS) (INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES); WITH HYSTEROTOMY (FAILED INTRA-AMNIOTIC INJECTION)	Gynecologic Oncology	1	0		
Inpatient	60260	THYROIDECTOMY, REMOVAL OF REMAINING THYROID TISSUE FOLLOWING PREVIOUS REMOVAL OF A PORTION OF THYROID	Otolaryngology/Facial Plastic Surgery	1	0		
Inpatient	61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINENCTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT DURAL GRAFT (EG, ARNOLD-CHIARI MALFORMATION)	Surgery, Neurological	1	0		
Inpatient	61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL APPROACH, NONSTEREOTACTIC	Surgery	2	0		
Inpatient	61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING MASTOIDECTOMY, DECOMPRESSION OF SIGMOID SINUS AND/OR FACIAL NERVE, WITH OR WITHOUT MOBILIZATION	Surgery, Neurological	1	0		
Inpatient	61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN MAGNUM, OR C1- C3 VERTEBRAL BODIES; EXTRADURAL	Surgery, Neurological	1	0		
Inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	1	0		
Inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery , Neurological	1	0		
Inpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	1	0		
Inpatient	61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIV	Surgery, Neurological	1	0		

2020 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
Inpatient	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIV	Surgery, Neurological	1	0		
Inpatient	61886	INCISION AND SUBCTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO TWO OR MORE ELECTRODE ARRAYS	Surgery, Neurological	1	0		
Inpatient	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Surgery , Neurological	1	0		
Inpatient	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Surgery, Neurological	1	0		
Inpatient	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CERBROSPINAL FLUID (BY NEEDLE OR CATHETER)	Surgery, Neurological	1	0		
Inpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	1	0		
Inpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	0	1	Medical Necessity	
Inpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	1	0		
Inpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	0	1	Medical Necessity	
Inpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	0	1	Medical Necessity	
Inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	4	0		
Inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	0	3	Medical Necessity	
Inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	2	0		
Inpatient	63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, SINGLE INTERSPACE	Surgery, Orthopedic	1	0		
Inpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	1	0		
Inpatient	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	1	0		
Inpatient	63200	LAMINECTOMY, FOR RELEASE OF TETHERED SPINAL CORD, LUMBAR	Surgery, Neurological	1	0		
Inpatient	63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACIC	Surgery, Neurological	1	0		
Inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	3	0		
Inpatient	75726	ANGIOGRAPHY, VISCERAL; SELECTIVE OR SUPRASELECTIVE, SUPERVISION AND INTERPRETATION ONLY	Pediatric Hematology Oncology	1	0		
Inpatient	75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Pediatric Hematology Oncology	1	0		
Inpatient	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	Surgery, Neurological	1	0		
Inpatient	92235	FLUORESCIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	Psychiatrist	1	0		

2020 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
Inpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	2	0		
Inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRE	Neurology	2	0		
Inpatient	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS.	Pediatric Orthopedic	1	0		
Inpatient	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	Pediatric Orthopedic	1	0		
Inpatient	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	Pediatric Orthopedic	1	0		
Inpatient	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	1	0		
Inpatient	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	1	0		
Inpatient	95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS, BY CABLE OR RADIO 16 OR MORE CHANEL TELEMETRY COMBINED ELECTROENCEPHALOGRAPHIC (EEG) AND VIDEO RECORDING AND INTERPRETATION,(EG, PRESURGICAL LOCALIZATION) EACH 24 HOURS	Neurology	1	0		
Inpatient	95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS, BY CABLE OR RADIO 16 OR MORE CHANEL TELEMETRY COMBINED ELECTROENCEPHALOGRAPHIC (EEG) AND VIDEO RECORDING AND INTERPRETATION,(EG, PRESURGICAL LOCALIZATION) EACH 24 HOURS	Neurology	0	1	Medical Necessity	
Inpatient	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatric Hematology Oncology	1	0		
Inpatient	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	Surgery, Neurological	1	0		
Inpatient	DAA	Detoxification	Hospital	1	0		
Inpatient	DRG	DRG Rate	Hospital	11	0		
Inpatient	DRG	DRG Rate	Hospital	0	1	Administrative	
Inpatient	DRG	DRG Rate	Hospital	0	2	Medical Necessity	
Inpatient	ICU	Intensive Care Unit	Hospital	2	0		
Inpatient	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Hematology/Oncology	2	0		
Inpatient	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Hematology	1	0		
Inpatient	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Hematology/Oncology	2	0		
Inpatient	J9070	CYCLOPHOSPHAMIDE, 100 MG	Hematology/Oncology	2	0		
Inpatient	J9181	INJECTION, ETOPOSIDE, 10 MG	Hematology/Oncology	2	0		
Inpatient	MED	Medical	Hospital	78	0		
Inpatient	MED	Medical	Hospital	0	2	Administrative	
Inpatient	MED	Medical	Hospital	0	5	Medical Necessity	
Inpatient	MEN	Mental Health	Hospital	2	0		
Inpatient	REH	Rehabilitation	Hospital	14	0		
Inpatient	REH	Rehabilitation	Hospital	0	1	Medical Necessity	
Inpatient	RMH	Residential Mental Health	Hospital	1	0		
Inpatient	RMH	Residential Mental Health	Hospital	0	1	Administrative	
Inpatient	S2115	OSTEOTOMY, PERIACETABULAR, WITH INTERNAL FIXATION	Surgery, Orthopedic	1	0		
Inpatient	S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	2	0		
Inpatient	SA2	Sub-Acute Level 2	Hospital	1	0		
Inpatient	SDU	Step-Down Unit	Hospital	0	1	Medical Necessity	

2020 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
Inpatient	SNC	Skilled Nursing	Hospital	6	0		
Inpatient	SNS	Skilled Nursing Special	Hospital	2	0		
Inpatient	SNS	Skilled Nursing Special	Hospital	0	1	Medical Necessity	
Inpatient	SPC	Special Case Rate	Hospital	2	0		
Inpatient	SPC	Special Case Rate	Hospital	0	1	Administrative	
Inpatient	SUR	Surgical	Hospital	13	0		
Inpatient	SUR	Surgical	Hospital	0	1	Medical Necessity	
Outpatient	00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	Ophthalmology	1	0		
Outpatient	11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS	Pediatric Plastic Surgery	1	0		
Outpatient	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery	1	0		
Outpatient	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	Surgery	1	0		
Outpatient	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	Surgery, Orthopedic	0	1	Administrative	
Outpatient	15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	1	0		
Outpatient	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR PEDICLE (IE, BUCCINATORS, GENIOGLOSSUS, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)	Otolaryngology	1	0		
Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Plastic Surgery	3	0		
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	6	0		
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	1	0		
Outpatient	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	Pediatric Plastic Surgery	2	0		
Outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Plastic Surgery	1	0		
Outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	1	0		
Outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Orthopedic	0	1	Administrative	
Outpatient	19304	MASTECTOMY, SUBCUTANEOUS	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19316	MASTOPEXY	Plastic Surgery	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Plastic Surgery	3	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	4	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	0	1	Medical Necessity	
Outpatient	19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	Surgery, Plastic and Reconstructive	0	1	Medical Necessity	
Outpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Plastic Surgery	1	0		
Outpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19330	REMOVAL OF IMPLANT MATERIAL	Plastic Surgery	1	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Plastic Surgery	3	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Plastic Surgery	1	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Plastic Surgery	1	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Orthopedic	0	1	Administrative	
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Plastic Surgery	3	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Oncology	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	Surgery, Plastic and Reconstructive	1	0		

2020 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	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Plastic Surgery	1	0		
Outpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Plastic Surgery	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	0	1	Medical Necessity	
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Plastic Surgery	1	0		
Outpatient	20552	INJECTION SINGLE OR MULTIPLE TRIGGER POINTS, ONE OR TWO MUSCLE(S)	Surgery	0	1	Medical Necessity	
Outpatient	20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA); WITHOUT ULTRASOUND GUIDANCE	Surgery	0	1	Medical Necessity	
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	3	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	2	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	0	2	Medical Necessity	
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	3	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	2	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	0	1	Medical Necessity	
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	3	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	2	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTH	Surgery	0	1	Medical Necessity	
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	4	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	4	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	3	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Orthopedic	1	0		
Outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	1	0		
Outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	0	2	Medical Necessity	
Outpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	0	1	Medical Necessity	

2020 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	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Neurological	2	0		
Outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	2	0		
Outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	1	0		
Outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	4	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	3	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	0	2	Medical Necessity	
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	0	2	Medical Necessity	
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	3	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Orthopedic	3	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	0	2	Medical Necessity	
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Orthopedic	0	2	Medical Necessity	
Outpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	3	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	2	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	0	1	Medical Necessity	

2020 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	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	2	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Orthopedic	1	0		
Outpatient	23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HENIARTHROPLASTY	Surgery, Orthopedic	1	0		
Outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Sports Medicine	1	0		
Outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	2	0		
Outpatient	27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER	Surgery, Orthopedic	1	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WI TH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Ambulatory Surgery Center	1	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WI TH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Ambulatory Surgicenter	1	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WI TH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	3	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WI TH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Nurse Practitioner	1	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WI TH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Pain Management	4	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WI TH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Physical Medicine & Rehabilitation	4	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WI TH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Physician Assistant	4	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WI TH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Radiology, Diagnostic	1	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WI TH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Surgery, Neurological	1	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WI TH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Radiology, Diagnostic	0	1	Administrative	
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	26	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	0	3	Administrative	
Outpatient	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	1	0		
Outpatient	27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	1	0		
Outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Sports Medicine	1	0		
Outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Surgery, Orthopedic	9	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	34	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	0	7	Administrative	

2020 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	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	1	0		
Outpatient	27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING TOTAL KNEEPROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER, KNEE	Surgery, Orthopedic	1	0		
Outpatient	29861	ARTHROSCOPY, HIP, SURGICAL; WITH RMOVAL OF LOOSE BODY OR FOREIGN BODY	Surgery, Orthopedic	1	0		
Outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	2	0		
Outpatient	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	Surgery, Orthopedic	1	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Pediatric Orthopedics	2	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	30	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	0	3	Medical Necessity	
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	4	0		
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	0	2	Medical Necessity	
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	25	0		
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Pediatric Orthopedics	0	2	Medical Necessity	
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	0	3	Medical Necessity	
Outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Surgery, Orthopedic	2	0		
Outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Surgery, Orthopedic	0	3	Medical Necessity	
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	1	0		
Outpatient	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILA TERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	Otolaryngology	0	1	Medical Necessity	
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	2	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	1	0		
Outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	1	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	3	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)	Otolaryngology	1	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	2	0		
Outpatient	33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	Cardiovascular Disease	1	0		
Outpatient	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OR PACEMAKER PULSE GENERATOR (EG, FOR UPGRADE TO DUAL CHAMBER SYSTEM) (LIST SEPARATELY IN ADDITIONTO CODE FOR PRIMARY PRO	Internal Medicine	1	0		
Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Cardiology	1	0		
Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Cardiovascular Disease	1	0		
Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Internal Medicine	1	0		
Outpatient	33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; DUAL LEAD SYSTEM	Cardiac Electrophysiology	1	0		

2020 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	Overtaken on Appeal
Outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Internal Medicine	1	0		
Outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	2	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Physician Assistant	1	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Radiology, Diagnostic	2	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	3	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Physician Assistant	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	5	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	6	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	3	0		
Outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	1	0		
Outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery, General Vascular	4	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Nurse Practitioner	1	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Radiology, Diagnostic	2	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	4	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	2	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Vascular & Interventional Radiology	2	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE F	Surgery	1	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE F	Surgery, General Vascular	1	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE F	Vascular & Interventional Radiology	2	0		
Outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery	3	0		

2020 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	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Surgery	3	0		
Outpatient	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	Ophthalmology	1	0		
Outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	1	0		
Outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	0	2	Medical Necessity	
Outpatient	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250	Obstetrics & Gynecology	1	0		
Outpatient	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	1	0		
Outpatient	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	Obstetrics & Gynecology	1	0		
Outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Nurse Midwife	1	0		
Outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Surgery	1	0		
Outpatient	61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	Radiation Oncology	1	0		
Outpatient	61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	Radiation Oncology	1	0		
Outpatient	61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	Radiation Oncology	1	0		
Outpatient	61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	Radiation Oncology	1	0		
Outpatient	61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THOR	Anesthesiology	6	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THOR	Family Practice	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THOR	Pain Management	12	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THOR	Physical Medicine & Rehabilitation	4	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THOR	Infectious Disease	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THOR	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	62323	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 SACRAL	Anesthesiology	5	0		
Outpatient	62323	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 SACRAL	Pain Management	17	0		

2020 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	62323	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 SACRAL	Physical Medicine & Rehabilitation	7	0		
Outpatient	62323	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 SACRAL	Surgery, Orthopedic	2	0		
Outpatient	62323	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 SACRAL	Anesthesiology	0	2	Administrative	
Outpatient	62323	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 SACRAL	Pain Management	0	3	Administrative	
Outpatient	63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY, OR DISCECTOMY, (EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; CERVICAL	Surgery, Neurological	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	4	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	15	0		
Outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	1	0		
Outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery	1	0		
Outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	2	0		
Outpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Neurological	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Neurological	6	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	4	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	2	0		
Outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	1	0		
Outpatient	63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; LUMBAR	Surgery, Orthopedic	1	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Physical Medicine & Rehabilitation	0	1	Medical Necessity	
Outpatient	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Anesthesiology	1	0		
Outpatient	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Pain Management	2	0		

2020 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	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Physical Medicine & Rehabilitation	2	0		
Outpatient	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Surgery, Orthopedic	1	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	1	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	3	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgicenter	3	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Anesthesiology	13	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Pain Management	18	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Physical Medicine & Rehabilitation	34	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Radiology	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Surgery, Neurological	2	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Surgery, Orthopedic	4	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	ambulatory Surgery Center	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Anesthesiology	0	2	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Pain Management	0	1	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Physical Medicine & Rehabilitation	0	2	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL, SINGLE LEVEL	Nurse Practitioner	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ambulatory Surgicenter	2	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	10	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Nurse Practitioner	1	0		

2020 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	Overtaken on Appeal
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pain Management	6	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Physical Medicine & Rehabilitation	9	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiology	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	2	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	2	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	0	2	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Physical Medicine & Rehabilitation	0	2	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LE VEL	Anesthesiology	12	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LE VEL	Neurology	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LE VEL	Pain Management	9	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LE VEL	Physical Medicine & Rehabilitation	8	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LE VEL	Vascular & Interventional Radiology	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LE VEL	Anesthesiology	0	1	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LE VEL	Internal Medicine	0	1	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LE VEL	Pain Management	0	3	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LE VEL	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ambulatory Surgery Center	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	10	0		

2020 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	Overtaken on Appeal
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCE	Hospital	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCE	Neurology	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCE	Pain Management	4	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCE	Physical Medicine & Rehabilitation	6	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCE	Vascular & Interventional Radiology	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCE	Anesthesiology	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCE	Pain Management	0	2	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCE	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO C	Ambulatory Surgery Center	2	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO C	Anesthesiology	9	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO C	Neurology	2	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO C	Pain Management	2	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO C	Physical Medicine & Rehabilitation	4	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO C	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Acute Short Term Hospital	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	4	0		

2020 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	Overtaken on Appeal
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Anesthesiology	9	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Pain Management	8	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Physical Medicine & Rehabilitation	15	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Radiology, Diagnostic	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Surgery, Orthopedic	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Acute Short Term Hospital	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Pain Management	0	2	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Physical Medicine & Rehabilitation	0	6	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Physician Assistant	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Surgery, Orthopedic	0	3	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Acute Short Term Hospital	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Anesthesiology	10	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Pain Management	7	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Physical Medicine & Rehabilitation	13	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Surgery, Orthopedic	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Acute Short Term Hospital	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Anesthesiology	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Pain Management	0	2	Administrative	

2020 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	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Physical Medicine & Rehabilitation	0	5	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Physician Assistant	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Surgery, Orthopedic	0	3	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	1	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Anesthesiology	6	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Physical Medicine & Rehabilitation	6	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Surgery, Orthopedic	1	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Anesthesiology	0	1	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Hospital	0	1	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Pain Management	0	3	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Physical Medicine & Rehabilitation	0	3	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Physician Assistant	0	1	Administrative	
Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	1	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	Physician Assistant	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Anesthesiology	3	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Hospital	2	0		

2020 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	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Physical Medicine & Rehabilitation	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Vascular & Interventional Radiology	2	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Pain Management	0	2	Administrative	
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	3	0		
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Vascular & Interventional Radiology	1	0		
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pain Management	0	1	Administrative	
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Acute Short Term Hospital	1	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Ambulatory Surgery Center	1	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Anesthesiology	4	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Pain Management	3	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Physical Medicine & Rehabilitation	10	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Surgery, Orthopedic	1	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	1	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Pain Management	0	1	Administrative	
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Physical Medicine & Rehabilitation	0	2	Administrative	
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Acute Short Term Hospital	1	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	4	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pain Management	2	0		

2020 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	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Physical Medicine & Rehabilitation	10	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Vascular & Interventional Radiology	1	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Physical Medicine & Rehabilitation	0	2	Administrative	
Outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Ophthalmology	1	0		
Outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Otolaryngology	1	0		
Outpatient	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)	Ophthalmology	1	0		
Outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmology	5	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	1	0		
Outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	1	0		
Outpatient	69667	REPAIR ROUND WINDOW FISTULA	Otolaryngology	1	0		
Outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otolaryngology	1	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	1	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	4	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Otolaryngology	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Anesthesiology	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Cardiac Electrophysiology	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Family Practice	13	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Internal Medicine	5	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neurology	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	4	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Otolaryngology	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Physician Assistant	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	3	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Family Practice	0	2	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Otolaryngology	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Physician Assistant	0	2	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Otolaryngology	6	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Otorhinolaryngology & Oro-Facial Plastic Surgery	1	0		
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Ophthalmology	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Allergy & Immunology	6	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	13	0		

2020 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	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Hospital	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Internal Medicine	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Otolaryngology	58	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Otorhinolaryngology	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Physician Assistant	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Rheumatology	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Surgery, Oral & Macillofacial	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Infectious Disease	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Internal Medicine	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Otolaryngology	0	2	Administrative	
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Acute Short Term Hospital	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Pediatric Hematology-Oncology	2	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Otolaryngology	0	1	Administrative	
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	0	1	Administrative	
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Internal Medicine	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Endocrinology, Diabetes & Metabolism	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	5	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	General Practice	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Internal Medicine	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Nurse Practitioner	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Otolaryngology	7	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Psychiatry	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Radiation Oncology	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Radiology	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Surgery	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Anesthesiology	0	2	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Otolaryngology	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	7	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Hematology/Oncology	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Hospital	4	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neurology	4	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nurse Practitioner	2	0		

2020 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	Overturned on Appeal
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Otolaryngology	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Physician Assistant	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	0	2	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	3	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Hospital	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neurology	3	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nurse Practitioner	3	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Otolaryngology	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Physician Assistant	2	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Radiology	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neurology	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	0	2	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK;	Nurse Practitioner	0	1	Administrative	
Outpatient	70542	MAGNETIC RESONANCE ANGIOGRAPHY, ORBIT, FACE, AND NECK; WITH CONTRAST MATERIAL	Surgery, Plastic and Reconstructive	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Neurology	3	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Otolaryngology	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Physician Assistant	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Surgery	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Otolaryngology	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Pediatric Dermatology	0	2	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	4	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Internal Medicine	3	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Neurology	6	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Otolaryngology	1	0		

2020 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	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Physician Assistant	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Neurology	0	1	Administrative	
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Obstetrics & Gynecology	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Ophthalmology	1	0		
Outpatient	70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	Internal Medicine	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Neurology	3	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Nurse Practitioner	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Neurology	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Emergency Medicine	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	18	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	General Practice	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Internal Medicine	8	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	MRI Center	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Neurology	32	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Neurology, Child	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	uromuscular Medicine Psychiatry & Ne	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Nurse Practitioner	6	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Obstetrics & Gynecology	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Ophthalmology	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Otolaryngology	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Pediatric Neurology	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Pediatric Otolaryngology	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Pediatric Sports Medicine	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Pediatrics	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Physician Assistant	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	0	4	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	General Practice	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Naturopath	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Neurology	0	3	Administrative	
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Hematology/Oncology	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Physician Assistant	0	1	Administrative	
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Radiation Oncology	0	2	Administrative	

2020 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	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Acute Short Term Hospital	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	8	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	20	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Hematology	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Hematology/Oncology	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Hospital	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Internal Medicine	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Neurology	42	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Nurse Practitioner	12	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Oncology, Medical	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Ophthalmology	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Otolaryngology	16	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Otorhinolaryngology & Oro-Facial Plastic Surgery	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Pediatric Dermatology	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Pediatric Endocrinology	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Pediatric Hematology-Oncology	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Pediatric Neurology	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Pediatrics	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Physical Medicine & Rehabilitation	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Physician Assistant	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Pulmonary Disease	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Radiation Oncology	8	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Rheumatology	4	0		

2020 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	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Surgery, Neurological	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Surgery, Plastic and Reconstructive	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Otolaryngology	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Pediatric Dermatology	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Allergy & Immunology	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Cardiovascular Disease	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	4	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Endocrinology, Diabetes & Metabolism	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Family Practice	21	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Hematology/Oncology	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Hospital	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Internal Medicine	17	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	5	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Oncology, Medical	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Pediatrics	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Physician Assistant	4	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Pulmonary Disease	14	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Radiology Center	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Rheumatology	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Surgery, Thoracic	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Surgery, Thoracic Cardiovascular	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Endocrinology, Diabetes & Metabolism	0	2	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Family Practice	0	6	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Internal Medicine	0	6	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Physician Assistant	0	3	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Pulmonary Disease	0	5	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Radiology	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Dermatology	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Endocrinology, Diabetes & Metabolism	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Family Practice	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Gastroenterology	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	General Practice	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Hematology	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Hematology/Oncology	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Infectious Disease	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Internal Medicine	9	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Nurse Practitioner	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Obstetrics & Gynecology	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Oncology	5	0		

2020 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	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Oncology, Medical	16	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Otolaryngology	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Pediatric Hematology-Oncology	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Pediatrics	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Physician Assistant	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Radiation Oncology	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Radiology	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Surgery, Thoracic	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Surgery, Thoracic Cardiovascular	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Urology	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Anesthesiology	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Family Practice	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Hematology/Oncology	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Internal Medicine	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Nurse Practitioner	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Physician Assistant	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Urology	0	3	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiac Electrophysiology	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	5	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Hematology/Oncology	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Hospital	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neurology	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nurse Practitioner	4	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Obstetrics & Gynecology	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Pediatrics	1	0		

2020 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	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Physician Assistant	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Pulmonary Disease	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Rheumatology	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Surgery, General Vascular	3	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	0	1	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Family Practice	2	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Surgery, Orthopedic	2	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Family Practice	0	1	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Internal Medicine	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Pulmonary Disease	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Vascular & Interventional Radiology	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Nurse Practitioner	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	2	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Physican Assistant	4	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	2	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Internal Medicine	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	0	4	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Physican Assistant	0	2	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	1	Administrative	
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	1	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	1	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	2	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Physician Assistant	2	0		

2020 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	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	7	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Anesthesiology	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Chiropractor	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Endocrinology, Diabetes & Metabolism	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	13	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Hospital	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Internal Medicine	6	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Neurology	13	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Orthopedics	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Otolaryngology	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Physical Medicine & Rehabilitation	7	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Physican Assistant	4	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Physical Medicine & Rehabilitation	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Physician Assistant	7	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Radiology Center	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	6	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	11	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	0	8	Administrative	

2020 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	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Internal Medicine	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Neurology	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Physician Assistant	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	1	Administrative	OVERTURNED
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	2	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Chiropractor	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Family Practice	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	General Practice	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Hospital	3	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Neurology	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Pain Management	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Physical Medicine & Rehabilitation	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Physician Assistant	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Rheumatology	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	3	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	4	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Family Practice	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	1	Administrative	OVERTURNED
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	5	0		

2020 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	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Anesthesiology	8	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Chiropractor	3	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Emergency Medicine	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Family Practice	42	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	General Practice	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Hospital	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Internal Medicine	5	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Neurology	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	10	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Obstetrics & Gynecology	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Pain Management	7	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Physical Medicine & Rehabilitation	10	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Physician Assistant	11	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Radiology	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Radiology Center	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Registered Nurse Anesthetist	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Rheumatology	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Sports Medicine	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	16	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	23	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Family Practice	0	24	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	0	1	Administrative	

2020 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	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	General Practice	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Hospital	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Physician Assistant	0	3	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	1	Administrative	OVERTURNED
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	3	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Endocrinology, Diabetes & Metabolism	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Neurology	11	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Nurse Practitioner	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Physical Medicine & Rehabilitation	3	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Radiology	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Rheumatology	3	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Surgery, Orthopedic	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Internal Medicine	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Radiology	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Surgery, Orthopedic	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Endocrinology, Diabetes & Metabolism	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Free Standing Imaging Center	1	0		

2020 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	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Neurology	5	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Radiology	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Rheumatology	2	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Radiation Oncology	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Radiology	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Endocrinology, Diabetes & Metabolism	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Free Standing Imaging Center	3	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Neurology	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Oncology, Medical	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Physical Medicine & Rehabilitation	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Radiology	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Rheumatology	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Surgery, Neurological	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Surgery, Orthopedic	3	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Radiology	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Surgery, Orthopedic	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Pediatric Orthopedic	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	2	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Urology	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Family Practice	2	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Obstetrics & Gynecology	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Pediatric Rheumatology	2	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Physician Assistant	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Radiology Center	2	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Sports Medicine/Rehabilitation	1	0		

2020 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	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	2	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Urology	3	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	0	3	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Rheumatology	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Urology	0	1	Administrative	
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Internal Medicine	2	0		
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Obstetrics & Gynecology	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	4	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Gastroenterology	5	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Infectious Disease	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Internal Medicine	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Nurse Practitioner	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Obstetrics & Gynecology	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Pediatric Gastroenterology	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Pediatric Rheumatology	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Pediatrics	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Radiation Oncology	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Surgery, Orthopedic	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Urology	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	0	2	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Infectious Disease	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Internal Medicine	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Nurse Practitioner	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Rheumatology	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Urology	0	2	Administrative	
Outpatient	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL	Nurse Practitioner	2	0		

2020 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	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL	Pediatrics	2	0		
Outpatient	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL	Pediatrics	0	2	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Surgery, Hand/Orthopedic	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	5	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	2	Administrative	
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	1	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	0	1	Administrative	
Outpatient	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Rheumatology	2	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Internal Medicine	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Pediatric Sports Medicine	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Physician Assistant	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Rheumatology	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Surgery, Hand/Orthopedic	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	2	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Surgery, Hand	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Vascular & Interventional Radiology	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Anesthesiology	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Chiropractor	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Family Practice	18	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Internal Medicine	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Nurse Practitioner	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Oncology, Medical	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Pain Management	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Pediatrics	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Physical Medicine & Rehabilitation	4	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Physician Assistant	8	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Radiology Center	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Rheumatology	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Sports Medicine	4	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Sports Medicine/Emergency Medicine	1	0		

2020 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	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Surgery, Hand	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Surgery, Hand/Orthopedic	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Surgery, Orthopedic	51	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Acute Short Term Hospital	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Family Practice	0	4	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Hospital	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Internal Medicine	0	4	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Nurse Practitioner	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Radiology Center	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Surgery, Hand/Orthopedic	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Surgery, Orthopedic	0	4	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Sports Medicine	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Surgery	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Surgery, Hand/Orthopedic	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Surgery, Orthopedic	10	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Surgery, Hand/Orthopedic	0	3	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Surgery, Orthopedic	0	4	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Physician Assistant	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Rheumatology	2	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Surgery, Hand	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Pediatric Orthopedic	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Podiatrist	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Sports Medicine/Internal Medicine	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	16	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Obstetrics & Gynecology	0	2	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Podiatrist	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	9	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Internal Medicine	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	osteopathic Manipulative Medicine Spor	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Pediatric Orthopedic	1	0		

2020 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	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Podiatrist	6	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Sports Medicine	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Sports Medicine/Emergency Medicine	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	11	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	0	5	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Internal Medicine	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	osteopathic Manipulative Medicine Spor	0	3	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Physical Medicine & Rehabilitation	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Podiatrist	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Rheumatology	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	1	Administrative	OVERTURNED
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	2	Administrative	
Outpatient	73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITH CONTRAST MATERIAL	Acute Short Term Hospital	1	0		
Outpatient	73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITH CONTRAST MATERIAL	Family Practice	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Hematology	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Oncology, Medical	2	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Pediatric Sports Medicine	2	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Podiatrist	4	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Surgery, Orthopedic	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Nurse Practitioner	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Surgery, Orthopedic	0	3	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Acute Short Term Hospital	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Anesthesiology	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Children's Hospital	1	0		

2020 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	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Chiropractor	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Family Practice	33	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Internal Medicine	4	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Nurse Practitioner	5	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Pain Management	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Pediatric Emergency Medicine	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Pediatric Orthopedic	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Pediatric Sports Medicine	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Pediatrics	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Physical Medicine & Rehabilitation	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Physician Assistant	7	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Podiatrist	11	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Registered Nurse Anesthetist	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Rheumatology	4	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Sports Medicine	10	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Sports Medicine/Emergency Medicine	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	137	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Family Practice	0	10	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	General Practice	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Hospital	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Internal Medicine	0	3	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Nurse Practitioner	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Obstetrics & Gynecology	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Pain Management	0	3	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Pediatric Sports Medicine	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Rheumatology	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Sports Medicine/Emergency Medicine	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	0	14	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Acute Short Term Hospital	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Family Practice	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Physical Medicine & Rehabilitation	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Surgery, Orthopedic	13	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Surgery, Orthopedic	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Pediatric Rheumatology	2	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Physician Assistant	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Rheumatology	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Surgery, Orthopedic	2	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Family Practice	3	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Nephrology	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Surgery, Thoracic	2	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Family Practice	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Surgery, Thoracic	0	2	Administrative	

2020 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	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Gastroenterology	4	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Hospital	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Internal Medicine	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Nurse Practitioner	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Oncology	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Pediatric Hematology-Oncology	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Physician Assistant	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Surgery	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Vascular & Interventional Radiology	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	0	2	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Internal Medicine	0	2	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Urology	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Emergency Medicine	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	3	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Internal Medicine	5	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Oncology, Medical	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Surgery, General Vascular	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	0	2	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Gastroenterology	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Internal Medicine	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Oncology, Medical	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Vascular & Interventional Radiology	0	1	Administrative	
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nurse Practitioner	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Pediatrics	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Surgery	1	0		

2020 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	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Surgery, General Vascular	3	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Vascular & Interventional Radiology	2	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	0	1	Administrative	
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Physician Assistant	0	1	Administrative	
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nephrology	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Radiology, Diagnostic	2	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Rheumatology	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	16	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	General Practice	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Internal Medicine	5	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Nurse Practitioner	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Obstetrics & Gynecology	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Physician Assistant	9	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Radiology Center	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Urology	7	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Urology	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Acute Short Term Hospital	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Anesthesiology	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Dermatology	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Family Practice	44	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Gastroenterology	10	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	General Practice	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Hematology	7	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Hematology/Oncology	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Infectious Disease	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Internal Medicine	22	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Nurse Practitioner	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Obstetrics & Gynecology	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Oncology	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Oncology, Gynecologic	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Oncology, Medical	17	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Pediatric Hematology-Oncology	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Physician Assistant	12	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Radiation Oncology	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Radiology Center	1	0		

2020 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	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Rheumatology	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Surgery	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Surgery, Colon & Rectal	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Surgery, Neurological	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Urology	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Vascular & Interventional Radiology	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Family Practice	0	4	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Gastroenterology	0	5	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Infectious Disease	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Internal Medicine	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Oncology	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Surgery	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Urology	0	2	Administrative	
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Family Practice	5	0		
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Gastroenterology	1	0		
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Hematology/Oncology	1	0		
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Internal Medicine	3	0		
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Obstetrics & Gynecology	3	0		
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Pediatric Gastroenterology	1	0		
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Physician Assistant	2	0		
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Surgery	2	0		
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Surgery, Hand/Orthopedic	1	0		
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Urology	15	0		
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Family Practice	0	1	Administrative	
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Hospital	0	1	Administrative	
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Obstetrics & Gynecology	0	1	Administrative	
Outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Urology	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Gastroenterology	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Nurse Practitioner	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Internal Medicine	0	1	Administrative	
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Obstetrics & Gynecology	1	0		
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Physician Assistant	1	0		

2020 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	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Acute Short Term Hospital	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	8	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Gastroenterology	12	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Hospital	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Internal Medicine	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Nurse Practitioner	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Obstetrics & Gynecology	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Oncology, Medical	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Pediatric Gastroenterology	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Pediatric Surgery	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Pediatrics	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Surgery	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Urology	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Gastroenterology	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Internal Medicine	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Oncology, Medical	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Pediatrics	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Surgery, General Vascular	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Urology	0	2	Administrative	
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Nurse Practitioner	1	0		
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Pediatrics	2	0		
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Internal Medicine	0	1	Administrative	
Outpatient	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMA GE POSTPROCESSING	Internal Medicine	2	0		

2020 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	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Maternal & Fetal Medicine	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	5	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Hematology/Oncology	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Internal Medicine	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Nurse Practitioner	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Pediatric Cardiology	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	2	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Internal Medicine	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Nurse Practitioner	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Cardiology	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Cardiovascular Disease	2	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Anesthesiology	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Cardiovascular Disease	0	8	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Emergency Medicine	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Family Practice	0	4	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Internal Medicine	0	1	Administrative	
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Hospital	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF CARDIAC FUNCTION, AND EVALUATION OF CARDIAC FUNCTION, AND EVALUATION OF CARDIAC FUNCTION)	Cardiology	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF CARDIAC FUNCTION, AND EVALUATION OF CARDIAC FUNCTION)	Cardiovascular Disease	3	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOfEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOfEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Pediatric Cardiology	0	1	Administrative	
Outpatient	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Family Practice	1	0		

2020 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	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Acute Short Term Hospital	2	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Endocrinology, Reproductive	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Family Practice	7	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Hematology/Oncology	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Internal Medicine	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Nurse Practitioner	3	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Obstetrics & Gynecology	11	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Physician Assistant	3	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology, Diagnostic	6	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Surgery	8	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Family Practice	0	3	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Nurse Practitioner	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Pediatrics	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology, Diagnostic	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Surgery	0	2	Administrative	
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Radiation Oncology	5	0		

2020 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	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Radiation Oncology	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Radiation Oncology	3	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	2	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	3	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	5	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	4	0		
Outpatient	77307	TELEETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	1	0		
Outpatient	77307	TELEETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Radiation Oncology	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Radiation Oncology	5	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANCE OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANCE OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Radiation Oncology	5	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	4	0		
Outpatient	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	Radiation Oncology	1	0		
Outpatient	77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCELERATOR BASED	Radiation Oncology	1	0		
Outpatient	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	2	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Radiation Oncology	3	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Radiation Oncology	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Radiation Oncology	3	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	1	0		

2020 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	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Radiation Oncology	3	0		
Outpatient	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE SESSION)	Radiation Oncology	1	0		
Outpatient	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Cardiology	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Cardiovascular Disease	43	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Family Practice	6	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Internal Medicine	6	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Interventional Cardiology	5	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Nurse Practitioner	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Physician Assistant	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Acute Short Term Hospital	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Cardiovascular Disease	0	2	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Critical Care Medicine	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Family Practice	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Internal Medicine	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Interventional Cardiology	0	1	Administrative	

2020 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	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	Nurse Practitioner	0	1	Administrative	
Outpatient	78454	"MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC)	Family Practice	1	0		
Outpatient	78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	Cardiovascular Disease	1	0		
Outpatient	78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	Pulmonary Disease	1	0		
Outpatient	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS, (EXERCISE AAND/OR PHARMACOLOGICAL), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING	Cardiovascular Disease	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	Cardiology	1	0		
Outpatient	78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;LIMITED AREA (EG, CHEST, HEAD/NECK)	Internal Medicine	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Acute Short Term Hospital	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Hematology	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Hematology/Oncology	6	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Internal Medicine	6	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Nurse Practitioner	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Obstetrics & Gynecology	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Oncology	5	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Oncology, Medical	9	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Otolaryngology	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Pediatric Hematology-Oncology	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Pulmonary Disease	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Radiology	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Surgery	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Acute Short Term Hospital	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Critical Care Medicine	0	1	Administrative	

2020 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	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Gastroenterology	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Hematology	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Hematology/Oncology	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Internal Medicine	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Obstetrics & Gynecology	0	3	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Oncology	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Oncology	0	3	Administrative	OVERTURNED
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Oncology, Medical	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Radiation Oncology	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Radiology	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Urology	0	2	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Internal Medicine	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Hematology/Oncology	0	2	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Internal Medicine	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Oncology, Medical	0	1	Administrative	
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Pediatric Neurology	1	0		
Outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Neurology	1	0		
Outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	2	0		
Outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	1	0		
Outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	0	3	Medical Necessity	
Outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	2	0		
Outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	1	0		
Outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	0	3	Medical Necessity	

2020 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	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	9	0		
Outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Mental Health Partial Day Hospital	1	0		
Outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Licensed Professional Counselor	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		
Outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatrist	1	0		
Outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	6	0		
Outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatrist	1	0		
Outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	6	0		
Outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE- DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatrist	1	0		
Outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE- DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	6	0		
Outpatient	92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE	Ophthalmology	1	0		
Outpatient	92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; LIMITED	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-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Interventional Cardiology	2	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	0	2	Administrative	
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Family Practice	0	2	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	11	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Family Practice	5	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Internal Medicine	3	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Pulmonary Disease	2	0		

2020 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	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiac Electrophysiology	0	2	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiology	0	2	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	0	6	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Family Practice	0	2	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Internal Medicine	0	1	Administrative	
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Cardiology	1	0		
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Pediatric Cardiology	1	0		
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Pulmonary Disease	2	0		
Outpatient	93458	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 VE	Cardiovascular Disease	8	0		
Outpatient	93458	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 VE	Nurse Practitioner	1	0		
Outpatient	93458	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 VE	Cardiovascular Disease	0	1	Administrative	
Outpatient	93459	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 VE	Interventional Cardiology	1	0		
Outpatient	93460	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) F	Cardiovascular Disease	1	0		
Outpatient	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Pediatrics	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	1	0		
Outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Neurology	1	0		
Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	1	0		

2020 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	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Acute Short Term Hospital	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Nurse Practitioner	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Otolaryngology	5	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Pediatric Otolaryngology	4	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Pediatrics	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Physician Assistant	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Pulmonary Disease	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Sleep Medicine	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Family Practice	0	3	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Internal Medicine	0	7	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Neurology	0	2	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Physician Assistant	0	3	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Pulmonary Disease	0	5	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Acute Short Term Hospital	3	0		
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	5	0		
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Internal Medicine	9	0		
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Otolaryngology	2	0		
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Physician Assistant	2	0		
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Pulmonary Disease	14	0		

2020 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	Overtaken on Appeal
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Sleep Medicine	1	0		
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Emergency Medicine	0	1	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Endocrinology, Diabetes & Metabolism	0	1	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	0	8	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Hematology	0	1	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Internal Medicine	0	17	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Otolaryngology	0	2	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Physician Assistant	0	1	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Pulmonary Disease	0	12	Administrative	
Outpatient	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Sleep Medicine	0	1	Administrative	
Outpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Physical Medicine & Rehabilitation	0	1	Medical Necessity	
Outpatient	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	Hematology/Oncology	0	1	Medical Necessity	
Outpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Gastroenterology	1	0		
Outpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Neurology	1	0		
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 Therapist	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Physical Therapy	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	0	1	Administrative	

2020 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	Overturned on Appeal
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Hospital	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Occupational Therapist	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Physical Therapist	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Physical Therapy	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Physical Therapist	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Physical Therapy	2	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S)	Applied Behavioral Analysis	1	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S)	Applied Behavioral Health Therapist	2	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S)	Mental Health Outpatient	1	0		
Outpatient	97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	1	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	2	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Behavioral Health Provider Group	1	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Mental Health Outpatient	1	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	2	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Behavioral Health Provider Group	1	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Mental Health Outpatient	1	0		
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Applied Behavioral Health Therapist	2	0		

2020 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	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Behavioral Health Provider Group	1	0		
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Mental Health Outpatient	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Physical Therapist	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Physical Therapist	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	5	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	0	2	Administrative	
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	1	0		
Outpatient	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION O	Oncology, Medical	0	1	Medical Necessity	OVERTURNED
Outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/	Mental Health Partial Day Hospital	1	0		
Outpatient	99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO MAY REPORT EVALUATION AND MANAGEMENT SERVICES PROVIDED TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED E/M SERVICE PR	Oncology, Medical	0	1	Medical Necessity	OVERTURNED
Outpatient	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	Radiology, Diagnostic	1	0		
Outpatient	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	Radiology, Diagnostic	0	1	Administrative	
Outpatient	C8937	COMPUTER-AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF BREAST MRI IMAGE DATA FOR LESION DETECTION/CHARACTERIZATION, PHARMACOKINETIC ANALYSIS, WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PR	Radiology, Diagnostic	1	0		
Outpatient	E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	Surgery, Orthopedic	1	0		
Outpatient	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Family Practitioner	1	0		
Outpatient	G0176	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIES NOT FOR	Mental Health Partial Day Hospital	1	0		
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 THERAPEUTIC AGENT AND ARTHROGRAPHY	Nurse Practitioner	1	0		
Outpatient	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT AND ARTHROGRAPHY	Physical Medicine & Rehabilitation	1	0		
Outpatient	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT AND ARTHROGRAPHY	Physician Assistant	2	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	15	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Internal Medicine	5	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Nurse Practitioner	5	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Pulmonary Disease	4	0		
Outpatient	G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASE STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION, OR FIRST SESSION OF FRACTIONATED TREATMENT	Radiation Oncology	2	0		

2020 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	G0340	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGES AND CUSTOM PLUGGING, FRACTIONATED TREATMENT, ALL LESIONS, PER SESSION, SECOND THROUGH FIFTH SESSIONS, MAXIMUM FIVE SESSIONS PER COURSE OF TREAT	Radiation Oncology	1	0		
Outpatient	G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES	Mental Health Partial Day Hospital	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Radiation Oncology	3	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Radiation Oncology	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	2	0		
Outpatient	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	Chemical Dependency Intensive Outpatient	1	0		
Outpatient	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	Physician/Internal Medicine	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	12	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Physician/Psychiatry	3	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatric Hospital, Acute and Long Term	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	6	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Residential Treatment Facility	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	0	4	Medical Necessity	
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practitioner	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	5	0		
Outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	2	0		
Outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	0	1	Medical Necessity	
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	14	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Surgery	1	0		
Outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Internal Medicine	2	0		
Outpatient	J0491	INJECTION, BELIMUMAB, 10 MG	Rheumatology	4	0		
Outpatient	J0517	INJECTION, BENRALIZUMAB, 1 MG	Allergy & Immunology	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Anesthesiology	2	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Dermatology	4	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Family Medicine	4	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	0	2	Medical Necessity	
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	0	1	Administrative	
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	60	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Nurse Practitioner	2	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Otolaryngology	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Physical Medicine & Rehabilitation	7	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Physician Assistant	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Surgery, Colon & Rectal	3	0		

2020 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	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Urology	2	0		
Outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	Internal Medicine	1	0		
Outpatient	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Endocrinology	1	0		
Outpatient	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Endocrinology	0	1	Medical Necessity	
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	2	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Family Medicine	3	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	5	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Nephrology	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	2	0		
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1 MG.	Hematology	1	0		
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1 MG.	Internal Medicine	5	0		
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1 MG.	Pediatric Hematology/Oncology	1	0		
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1 MG.	Internal Medicine	0	1	Administrative	
Outpatient	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Allergy & Immunology	1	0		
Outpatient	J1557	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), intravenous, NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	1	0		
Outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	5	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	2	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Rheumatology	1	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Physician Assistant	0	1	Medical Necessity	
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	3	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Internal Medicine	1	0		
Outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM) INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Pediatric Allergy and Immunology	1	0		
Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Allergy & Immunology	4	0		
Outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON- LYOPHILIZED, (E.G. LIQUID), NOTOTHERWISE SPECIFIED, 500 MG	Neurology	1	0		
Outpatient	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Obstetrics & Gynecology	2	0		
Outpatient	J1744	INJECTION, ICATIBANT, 1 MG	Allergy & Immunology	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	11	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	4	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Nurse Practitioner	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	15	0		
Outpatient	J1930	INJECTION, LANREOTIDE, 1 MG	Hematology/Oncology	2	0		
Outpatient	J2182	INJECTION, MEPOLIZUMAB, 1 MG	Allergy & Immunology	1	0		
Outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	7	0		
Outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Nurse Practitioner	1	0		
Outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Pediatric Neurology	3	0		
Outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Pediatric Allergy and Immunology	2	0		
Outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Hematology/Oncology	2	0		
Outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	10	0		
Outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Surgery, Orthopedic	1	0		
Outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	0	1	Medical Necessity	
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	13	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	0	1	Medical Necessity	
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Dermatology	1	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatrics	2	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	6	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	2	0		

2020 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	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	7	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	1	0		
Outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Pediatric Allergy and Immunology	2	0		
Outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Hematology	0	2	Medical Necessity	
Outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	0	3	Medical Necessity	
Outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	1	0		
Outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	2	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	12	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Internal Medicine	1	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	5	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	0	2	Medical Necessity	
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiology	2	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Oncology, Medical	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Oncology, Medical	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Psychiatry	0	1	Medical Necessity	OVERTURNED
Outpatient	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	Hospital	1	0		
Outpatient	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	Nurse Practitioner	1	0		
Outpatient	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	Pediatric Hematology Oncology	1	0		
Outpatient	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Pain Management	0	2	Medical Necessity	
Outpatient	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Family Practice	0	1	Medical Necessity	
Outpatient	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	9	0		
Outpatient	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	0	2	Medical Necessity	
Outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Physician Assistant	2	0		
Outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Sports Medicine	3	0		
Outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	18	0		
Outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	0	1	Administrative	
Outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Sports Medicine	1	0		
Outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	12	0		
Outpatient	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Pain Management	0	2	Medical Necessity	
Outpatient	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	9	0		
Outpatient	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Sports Medicine	1	0		
Outpatient	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Sports Medicine	0	1	Medical Necessity	
Outpatient	J7328	HYALURONAN OR DERIVATIVE, GELSYN-3, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	Surgery, Orthopedic	0	1	Medical Necessity	
Outpatient	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	Gastroenterology	1	0		
Outpatient	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	Nurse Practitioner	1	0		
Outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	2	0		
Outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	0	1	Medical Necessity	
Outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Pediatrics	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	13	0		
Outpatient	J0942	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Hematology	2	0		
Outpatient	J9145	INJECTION, DARATUMUMAB, 10 MG	Hematology/Oncology	1	0		
Outpatient	J9145	INJECTION, DARATUMUMAB, 10 MG	Oncology, Medical	3	0		
Outpatient	J9173	INJECTION, DURVALUMAB, 10 MG	Family Medicine	1	0		
Outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Oncology, Medical	2	0		
Outpatient	J9217	LEUPROLIDE ACETATE(FOR DEPOT SUSPENSION), 7.5 MG	Hematology	0	1	Medical Necessity	
Outpatient	J9217	LEUPROLIDE ACETATE(FOR DEPOT SUSPENSION), 7.5 MG	Urology	1	0		

2020 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	J9217	LEUPROLIDE ACETATE(FOR DEPOT SUSPENSION), 7.5 MG (1 Month)	Hematology	1	0		
Outpatient	J9217	LEUPROLIDE ACETATE(FOR DEPOT SUSPENSION), 7.5 MG (1 Month)	Oncology, Medical	1	0		
Outpatient	J9217	LEUPROLIDE ACETATE(FOR DEPOT SUSPENSION), 7.5 MG (3 Month)	Urology	0	1	Medical Necessity	
Outpatient	J9217	LEUPROLIDE ACETATE(FOR DEPOT SUSPENSION), 7.5 MG (3 Month)	Oncology, Medical	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	10	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	3	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	0	2	Medical Necessity	
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	0	1	Medical Necessity	OVERTURNED
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Hematology	1	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Internal Medicine	2	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	5	0		
Outpatient	J9303	INJECTION, PANITUMUMAB, 10 MG	Oncology, Medical	2	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Hematology	1	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	6	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Internal Medicine	7	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Neurology	3	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Oncology	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	5	0		
Outpatient	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Hematology	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	3	0		
Outpatient	NPR	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	Non Par	1	0		
Outpatient	NPR	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX)	Non Par	1	0		
Outpatient	NPR	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	Non Par	3	0		
Outpatient	NPR	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	Non Par	0	1	Medical Necessity	
Outpatient	NPR	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, GOLD WEIGHT)	Non Par	1	0		
Outpatient	NPR	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS.	Non Par	2	0		
Outpatient	NPR	D PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED	Non Par	1	0		
Outpatient	NPR	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LANGUAGE, COGNITIVE LEVEL, SOCIAL, MEMORY AND/OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CAR	Non Par	0	1	Administrative	
Outpatient	NPR	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (ONE OR MORE STAGES)	Non Par	1	0		
Outpatient	NPR	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Non Par	0	1	Medical Necessity	
Outpatient	NPR	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	Non Par	1	0		
Outpatient	NPR	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	Non Par	1	0		
Outpatient	NPR	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) (INCLUDES FLUOROSCOPIC GUIDANCE, WHEN PERFORMED)	Non Par	1	0		
Outpatient	NPR	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, INCLUDING THE ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM OR A SURGICALLY ALTERED STOMACH WHERE THE JEJUNUM IS EXAMINED DISTAL TO THE ANASTOMOSIS	Non Par	1	0		
Outpatient	NPR	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (LESS THAN 30 MM DIAMETER)	Non Par	1	0		
Outpatient	NPR	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BIOPSY(S)	Non Par	1	0		

2020 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	NPR	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH ELECTRODE PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION	Non Par	1	0		
Outpatient	NPR	GRAFT; COMPOSITE (FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA	Non Par	1	0		
Outpatient	NPR	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE,	Non Par	1	0		
Outpatient	NPR	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Non Par	0	1	Medical Necessity	
Outpatient	NPR	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIAN	Non Par	0	2	Medical Necessity	
Outpatient	NPR	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELIN	Non Par	0	3	Medical Necessity	
Outpatient	NPR	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/	Non Par	0	1	Medical Necessity	
Outpatient	NPR	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICALDECISION MAKING. COUNSELIN	Non Par	0	1	Medical Necessity	
Outpatient	NPR	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LO	Non Par	2	0		
Outpatient	NPR	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LO	Non Par	0	2	Medical Necessity	
Outpatient	NPR	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	Non Par	1	0		
Outpatient	NPR	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, ESTABLISHED PATIENT	Non Par	0	1	Administrative	
Outpatient	NPR	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION	Non Par	0	1	Administrative	
Outpatient	NPR	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIA	Non Par	0	1	Medical Necessity	
Outpatient	NPR	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Non Par	0	1	Medical Necessity	
Outpatient	NPR	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Non Par	1	0		
Outpatient	NPR	PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY PROCEDURE) IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE USUAL SERVICE; EACH ADDITIONAL 30 MINUTES (LI	Non Par	0	1	Medical Necessity	
Outpatient	NPR	PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY PROCEDURE) IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN	Non Par	0	1	Medical Necessity	
Outpatient	NPR	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Non Par	1	0		
Outpatient	NPR	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Non Par	1	0		
Outpatient	NPR	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Non Par	2	0		

2020 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	Overtaken on Appeal
Outpatient	NPR	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Non Par	1	0		
Outpatient	NPR	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	Non Par	1	0		
Outpatient	NPR	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE , CESAREAN DELIVERY, AND POSTPARTUM CARE	Non Par	0	1	Medical Necessity	
Outpatient	NPR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR; FULL LEG	Non Par	1	0		
Outpatient	NPR	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, RESTRICTIVE OR PARETIC MUSCLE WITH DIPLOPIA) WITH INTERPRETATION AND REPORT (SEPARATE PROCEDURE)	Non Par	0	1	Administrative	
Outpatient	NPR	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Non Par	0	1	Medical Necessity	
Outpatient	NPR	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR	Non Par	1	0		
Outpatient	NPR	SYNTHETIC SHEEPSKIN PAD	Non Par	3	0		
Outpatient	NPR	SYNTHETIC SHEEPSKIN PAD	Non Par	0	1	Medical Necessity	
Outpatient	NPR	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Non Par	0	1	Medical Necessity	
Outpatient	NPR	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Non Par	1	0		
Outpatient	NPR	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Non Par	0	1	Medical Necessity	
Outpatient	NPR	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Non Par	1	0		
Outpatient	NPR	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	Non Par	0	1	Medical Necessity	
Outpatient	NPR	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	Non Par	0	1	Medical Necessity	
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Non Par	1	0		
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Non Par	0	4	Medical Necessity	
Outpatient	NPR	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	Non Par	0	1	Medical Necessity	
Outpatient	Q0138	INJECTION, FERUMOXYTOL	Family Practice	1	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology	1	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	9	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Internal Medicine	1	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology, Medical	1	0		
Outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD ON DIALYSIS) 1,000 UNITS	Hematology	1	0		
Outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Oncology, Medical	1	0		
Outpatient	Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Family Medicine	1	0		
Outpatient	Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Hematology/Oncology	2	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Hematology/Oncology	5	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Hematology/Oncology	0	1	Medical Necessity	
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Oncology, Medical	3	0		
Outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	Pediatric Neurology	1	0		
Outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Hematology	2	0		
Outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Hematology/Oncology	0	1	Medical Necessity	
Outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Internal Medicine	0	1	Medical Necessity	
Outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Nephrology	1	0		
Outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	2	0		
Outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	0	2	Medical Necessity	

