

**Approvals:**

Number of prior authorization requests for which authorization was issued in 2022	291
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**ADVERSE DETERMINATIONS**

Number of prior authorization requests for which an adverse determination was issued in 2022	54			
<b>Health care service:</b>		<b>Total Appealed</b>	<b>Reversed on Appeal</b>	<b>Upheld on Appeal</b>
Room & board ward general classification	18	4	3	1
POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	1			
LAM FACTC/FRMT ARTHRD LUM EA	1			
LAM FACETC/FRMT ARTHRD LUM 1	1			
ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	1			
ARTHRD CMBN 1NTRSPC LUMBAR	1			
ARTHRD CMBN 1NTRSPC EA ADDL	1			
LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	1			
PNCRTECT DSTL STOT W/O PNCRCOJEJUNOSTOMY	1			
CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT/MRI	1			
ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	2			
ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	2			
TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	1			
BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME	1			
CUSTOM SHAPE COVER BK	2			
ARTHROSCOPY HIP W/LABRAL REPAIR	3			
ARTHROSCOPY HIP W/FEMOROPLASTY	1			
UNLISTED PROCEDURE ARTHROSCOPY	3			
BREAST REDUCTION	2	1	1	
ARTHROSCOPY HIP W/ACETABULOPLASTY	1			
VAGINAL HYSTERECTOMY UTERUS 250 GM/<	1			
VAGINAL HYSTERECTOMY UTERUS > 250 GM	1			
COLPOPEXY ABDOMINAL APPROACH	1			
EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	1			
CYSTOURETHROSCOPY	1			
NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	2	1	1	
NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY PARTIAL	2			

**PRIOR AUTHORIZATION DENIAL REASONS**

Patient did not meet prior authorization criteria	54
Not a Covered Service	0
Incomplete information submitted by the provider to the URO	0
Change in treatment program	0
The patient is no longer covered by the plan	0