

**Minnesota Annual UR Report**

2021 Calendar Year

**Approvals:**

Number of authorizations for which authorization was issued in 2021:	267
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**ADVERSE DETERMINATIONS**

Number of prior authorization requests for which an adverse determination was issued in 2021:	29			
Health care service:		Total Appealed	Reversed on Appeal	Upheld on Appeal
THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	1	1	1	
THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	1			
THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	1			
NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM	1			
NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	1			
PHYSICAL THERAPY; IN THE HOME, PER DIEM	1			
OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	1			
ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	1	1		1
ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINNER LESION)	1			
ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	1			
BREAST REDUCTION	2	1	1	
ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1			
ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	1			
COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	1			
OCCUSAL ORTHOTIC APPLIANCE	1			
IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	1			
LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	1	1	1	
PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	1			
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	1			
LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	1			
INPATIENT HOSPITALIZATION (MEDICAL/SURGICAL)	4			
INPATIENT REHABILITATION	1			
SKILLED NURSING FACILITY	1			
INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO TWO OR MORE ELECTRODE ARRAYS	1			
BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1			

**PRIOR AUTHORIZATION DENIAL REASONS**

	Subtotal
Incomplete information submitted by the provider to the URO	0
No clinical information submitted by provider	1
Patient did not meet prior authorization criteria	22
Experimental/Investigational	4
Change in treatment program	0
The patient is no longer covered by the plan	0

