

Statistics Report for Prior Authorization
IC 27-1-37.5-19

Utilization Review Entity Name	Cigna Health Management, Inc.
UR License Number	31168
Reporting Year	2025
Contact Name	Pamela Lombardi-Heistand
Contact Email	pamela.lombardi-heistand@cignahealthcare.com
Contact Phone Number	860.902.2713

Overall Prior Authorization Statistics	
Total Initial Prior Authorization Requests	7,963
Total Approved	5,553
Total Denied	2,410
Total Pending	-
Denial Rate (%)	30%
Average Time between Submission and Decision	3.48
Appeals	179
Appeals Approved	108
Appeals Denied	71
Appeals Pending	4
Appeal Denial Rate (%)	40%
Average Time between Submission and Decision for Appeals	9.245

Top 10 Taxonomies Ranked by Count of Prior Authorization Requests/Approvals/Denials:

Most Requested

Rank by Count	Taxonomy Code	Healthcare Provider Specialty	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	207RX0202X	ONCOLOGY	15	14	1		1.86
2	207Q00000X	FAMILY MEDICINE	69	56	13	0	9.94
3	207P00000X	EMERGENCY MEDICINE	61	19	42	0	3.36
4	207RG0100X	GASTROENTEROLOGY	31	4	27	0	4.51
5	207R00000X	INTERNAL MEDICINE	120	56	64	0	5.53
6	207RG0100X	GASTROENTEROLOGY	31	4	27	0	4.51
7	208000000X	PEDIATRICS	30	13	17	0	30.36
8	207X00000X	SURGERY, ORTHOPEDIC	32	12	20	0	3.93
9	208G00000X	SURGERY, THORACIC	19	8	11	0	4.21
10	208200000X	SURGERY, PLASTIC	25	12	13	0	2.28

Most Approved

Rank by Count	Taxonomy Code	Healthcare Provider Specialty	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	163W00000X	REGISTERED NURSE	894	894	0	0	3.41
2	164W00000X	LICENSED PRACTICAL NURSE	207	207	0	0	1.18
3	207R00000X	INTERNAL MEDICINE	120	56	64	0	6.42
4	207Q00000X	FAMILY MEDICINE	69	56	13	0	3.07
5	207RX0202X	ONCOLOGY	15	14	1	0	1.57
6							
7							
8							
9							
10							

Most Denied

Rank by Count	Taxonomy Code	Healthcare Provider Specialty	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	208000000X	PEDIATRICS	30	13	17	0	5.74
2	207Q00000X	FAMILY MEDICINE	69	56	13	0	5.37
3	207P00000X	EMERGENCY MEDICINE	61	19	42	0	3.4
4	207RG0100X	GASTROENTEROLOGY	31	4	27	0	4.59
5	207R00000X	INTERNAL MEDICINE	120	56	64	0	4.75
6	207RG0100X	GASTROENTEROLOGY	31	4	27	0	4.59
7	2084N0400X	NEUROLOGY	15	4	11	0	4.27
8	207X00000X	SURGERY, ORTHOPEDIC	32	12	20	0	5.4
9	208G00000X	SURGERY, THORACIC	19	8	11	0	3.72
10	208200000X	SURGERY, PLASTIC	25	12	13	0	1.92

Top 10 Medications by Count of Prior Authorization Requests/Approvals/Denials:

Most Requested

Rank by Count	Medication	RxCUI (RxNorm) (IN or MIN concept)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	MOUNJARO 2.5 MG/0.5 PEN INJCTR	2150680	461	249	212		1.06
2	OZEMPIC .25 OR 0.5 PEN INJCTR	169418113	331	199	132		0.70
3	DEXCOM G7 SENSOR EACH	8627007701	186	115	71		0.96
4	NURTEC ODT 75 MG TAB RAPDIS	72618300002	137	112	25		3.33
5	FREESTYLE LIBRE 3 PLUS EACH	57599084400	136	38	98		0.93
6	MOUNJARO 5 MG/0.5ML PEN INJCTR	2149580	136	104	32		0.91
7	OZEMPIC 1/0.75 (3) PEN INJCTR	169413013	132	100	32		0.71
8	MOUNJARO 7.5 MG/0.5 PEN INJCTR	2148480	131	107	24		1.07
9	OZEMPIC 2MG/0.75ML PEN INJCTR	169477212	119	79	40		0.69
10	MOUNJARO 10MG/0.5ML PEN INJCTR	2147180	106	82	24		1.16

Most Approved

Rank by Count	Medication	RxCUI (RxNorm) (IN or MIN concept)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	MOUNJARO 2.5 MG/0.5 PEN INJCTR	2150680	461	249	212		1.05
2	OZEMPIC .25 OR 0.5 PEN INJCTR	169418113	331	199	132		0.66
3	DEXCOM G7 SENSOR EACH	8627007701	186	115	71		1.03
4	NURTEC ODT 75 MG TAB RAPDIS	72618300002	137	112	25		13.68
5	MOUNJARO 7.5 MG/0.5 PEN INJCTR	2148480	131	107	24		1.04
6	MOUNJARO 5 MG/0.5ML PEN INJCTR	2149580	136	104	32		1.07
7	OZEMPIC 1/0.75 (3) PEN INJCTR	169413013	132	100	32		0.71
8	MOUNJARO 10MG/0.5ML PEN INJCTR	2147180	106	82	24		1.25
9	OZEMPIC 2MG/0.75ML PEN INJCTR	169477212	119	79	40		0.84
10	TRULICITY 1.5 MG/0.5 PEN INJCTR	2143480	80	74	6		1.49

Most Denied

Rank by Count	Medication	RxCUI (RxNorm) (IN or MIN concept)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	MOUNJARO 2.5 MG/0.5 PEN INJCTR	2150680	461	249	212		1.07
2	OZEMPIC .25 OR 0.5 PEN INJCTR	169418113	331	199	132		0.78
3	FREESTYLE LIBRE 3 PLUS EACH	57599084400	136	38	98		0.77
4	DEXCOM G7 SENSOR EACH	8627007701	186	115	71		0.87
5	OZEMPIC 2MG/0.75ML PEN INJCTR	169477212	119	79	40		0.51
6	ZEPBOUND 2.5 MG/0.5 PEN INJCTR	2250680	105	73	32		0.46
7	MOUNJARO 5 MG/0.5ML PEN INJCTR	2149580	136	104	32		0.62
8	FREESTYLE LIBRE 3 SENS EACH	57599081800	136	10	32		1.11
9	OZEMPIC 1/0.75 (3) PEN INJCTR	169413013	132	100	32		0.73
10	NURTEC ODT 75 MG TAB RAPDIS	72618300002	137	112	25		0.76

Top 10 Diagnostic Tests by Count of Prior Authorization Requests/Approvals/Denials:

Most Requested

Rank by Count	Diagnostic Test or Procedure	Procedure Code	Code Type (CPT, DRG,...)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	OFFICE O/P EST MOD 30 MIN (NETWORK ADEQUACY)	99214	CP	63	41	22		3.02
2	INJECTION,ONABOTULINUMTOXINA	J0585	HC	60	51	9		2.78
3	CHEMODENERV MUSC MIGRAINE	64615	CP	43	36	7		1.23
4	BEVACIZUMAB INJECTION	J9035	HC	42	42	0		0.55
5	EUFLEXXA INJ PER DOSE	J7323	HC	36	36	0		0.19
6	HHS/HOSPICE OF RN EA 15 MIN	G0299	HC	29	29	0		0.28
7	DENOSUMAB INJECTION	J0897	HC	27	23	4		1.41
8	INJ, DUROLANE 1 MG	J7318	HC	22	22	0		0.32
9	FERUMOXYTOL, NON-ESRD	Q0138	HC	21	13	8		1.90
10	NSL/SINS NDSC SURG MAX SINS	31295	CP	21	19	2		2.29

Most Approved

Rank by Count	Diagnostic Test or Procedure	Procedure Code	Code Type (CPT, DRG,...)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	INJECTION,ONABOTULINUMTOXINA	J0585	HC	60	51	9		2.78
2	BEVACIZUMAB INJECTION	J9035	HC	42	42	0		0.55
3	OFFICE O/P EST MOD 30 MIN	99214	CP	63	41	22		3.02
4	CHEMODENERV MUSC MIGRAINE	64615	CP	43	36	7		1.23
5	EUFLEXXA INJ PER DOSE	J7323	HC	36	36	0		0.19
6	HHS/HOSPICE OF RN EA 15 MIN	G0299	HC	29	29	0		0.28
7	DENOSUMAB INJECTION	J0897	HC	27	23	4		1.41
8	INJ, DUROLANE 1 MG	J7318	HC	22	22	0		0.32
9	NSL/SINS NDSC SURG MAX SINS	31295	CP	21	19	2		2.29
10	COMPRE EP EVAL ABLTJ ATR FIB	93656	CP	19	19	0		2.47

Most Denied

Rank by Count	Diagnostic Test or Procedure	Procedure Code	Code Type (CPT, DRG,...)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	OFFICE O/P EST MOD 30 MIN (NETWORK ADEQUACY)	99214	CP	63	41	22		3.02
2	INJECTION,ONABOTULINUMTOXINA	J0585	HC	60	51	9		2.78
3	FERUMOXYTOL, NON-ESRD	Q0138	HC	21	13	8		1.90
4	CHEMODENERV MUSC MIGRAINE	64615	CP	43	36	7		1.23
5	DURABLE MEDICAL EQUIPMENT MI	E1399	HC	15	9	6		6.27
6	NURSING CARE IN HOME RN	S9123	HC	15	10	5		4.47
7	NSL/SINS NDSC SURG FRNT SINS	31296	CP	13	8	5		2.54
8	EGD BIOPSY SINGLE/MULTIPLE	43239	CP	9	4	5		4.56
9	ORTHOVISC INJ PER DOSE	J7324	HC	5	0	5		2.60
10	DENOSUMAB INJECTION	J0897	HC	27	23	4		1.41

Top 10 Indications by Count of Prior Authorization Requests/Approvals/Denials:

(A medical indication is a condition, sign, or symptom indicating the need for care.)

Most Requested

Rank by Count	Medical Indication	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	FEMALE INFERTILITY, UNSPECIFIED	41	41	0	0	27.54
2	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	39	33	6	0	1.67
3	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	37	33	4	0	0.68
4	CHRONIC MAXILLARY SINUSITIS	32	25	7	0	2.28
5	END STAGE RENAL DISEASE	31	28	3	0	3.97
6	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	26	18	8	0	1.65
7	MULTIPLE SCLEROSIS	25	25	0	0	1.44
8	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	25	23	2	0	1.96
9	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	25	22	3	0	0.64
10	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	23	16	7	0	1.13

Most Approved

Rank by Count	Medical Indication	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	FEMALE INFERTILITY, UNSPECIFIED	41	41	0	0	27.54
2	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	39	33	6	0	1.67
3	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	37	33	4	0	0.68
4	END STAGE RENAL DISEASE	31	28	3	0	3.97
5	CHRONIC MAXILLARY SINUSITIS	32	25	7	0	2.28
6	MULTIPLE SCLEROSIS	25	25	0	0	1.44
7	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	25	23	2	0	1.96
8	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	25	22	3	0	0.64
9	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	22	22	0	0	0.32
10	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	26	18	8	0	1.65

Most Denied

Rank by Count	Medical Indication	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	IRON DEFICIENCY ANEMIA, UNSPECIFIED	20	10	10	n/a	1.90
2	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	26	18	8	n/a	1.65
3	ATHSCL NATIVE ARTERIES OF EXTRM W INTRMT CLAUD, BI LEGS	9	1	8	n/a	7.00
4	CHRONIC MAXILLARY SINUSITIS	32	25	7	n/a	2.28
5	CHRONIC MIGRAINE W/O AURA, INTRACTABLE, W/O STAT MIGR	23	16	7	n/a	1.13
6	DEVIATED NASAL SEPTUM	16	9	7	n/a	3.06
7	CHRONIC MIGRAINE W/O AURA, NOT INTRACTABLE, W/O STAT MIGR	39	33	6	n/a	1.67
8	DYSFUNCTION OF THE MULTIFIDUS MUSCLES, LUMBAR REGION	6	0	6	n/a	1.00
9	LOCALIZED ADIPOSITY	6	1	5	n/a	4.33
10	SECONDARY MALIGNANT NEOPLASM OF BREAST	5	0	5	n/a	7.00

Denial by Count of Prior Authorizations Denied:

[illegible]

Statistics Report for Prior Authorization
IC 27-1-37.5-19

Utilization Review Entity Name	Evernorth Behavioral Health, Inc.
UR License Number	31297
Reporting Year	2025
Contact Name	Pamela Lombardi-Heistand
Contact Email	pamela.lombardi-heistand@cignahealthcare.com
Contact Phone Number	860.902.2713

Overall Prior Authorization Statistics	
Total Initial Prior Authorization Requests	52
Total Approved	40
Total Denied	12
Total Pending	-
Denial Rate (%)	23%
Average Time between Submission and Decision	1.65 days
Appeals	16
Appeals Approved	3
Appeals Denied	13
Appeals Pending	-
Appeal Denial Rate (%)	81%
Average Time between Submission and Decision for Appeals	14.25 days

Top 10 Taxonomies Ranked by Count of Prior Authorization Requests/Approvals/Denials:

Most Requested

Rank by Count	Taxonomy Code	Healthcare Provider Specialty	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1		Case Manager	26	26	0	0	0.7
2		Care Coordinator	12	12	0	0	1.7
3		MISIR,DEVINALINI	3	1	2	0	2.3
4		Short,Jamie	3	0	3	0	2.7
5		Gelman,Liebe	2	0	2	0	7.0
6		Rizzari,Amanda	2	0	2	0	3.0
7		Blank,Al	1	0	1	0	1.0
8		Cynkus,Joslyn	1	0	1	0	2.0
9		Emily Shumate, PhD	1	0	1	0	9.0
10		Sara Friedman, PhD	1	1	0	0	0.0

Most Approved

Rank by Count	Taxonomy Code	Healthcare Provider Specialty	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1		Case Manager	26	26	0	0	0.7
2		Care Coordinator	12	12	0	0	1.7
3		MISIR,DEVINALINI	1	1	0	0	2.0
4		Sara Friedman, PhD	1	1	0	0	0.0
5							
6							
7							
8							
9							
10							

Most Denied

Rank by Count	Taxonomy Code	Healthcare Provider Specialty	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1		Short,Jamie	3	0	3	0	2.7
2		Gelman,Liebe	2	0	2	0	7.0
3		MISIR,DEVINALINI	2	0	2	0	2.5
4		Rizzari,Amanda	2	0	2	0	3.0
5		Blank,Al	1	0	1	0	1.0
6		Cynkus,Joslyn	1	0	1	0	2.0
7		Emily Shumate, PhD	1	0	1	0	9.0
8							
9							
10							

Top 10 Medications by Count of Prior Authorization Requests/Approvals/Denials:

Most Requested

Rank by Count	Medication	RxCUI (RxNorm) (IN or MIN concept)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	EBH does not review pharmacy requests						
2							
3							
4							
5							
6							
7							
8							
9							
10							

Most Approved

Rank by Count	Medication	RxCUI (RxNorm) (IN or MIN concept)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Most Denied

Rank by Count	Medication	RxCUI (RxNorm) (IN or MIN concept)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Top 10 Diagnostic Tests by Count of Prior Authorization Requests/Approvals/Denials:

Most Requested

Rank by Count	Diagnostic Test or Procedure	Procedure Code	Code Type (CPT, DRG,...)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	ADAPT BEHAVIOR TX PHYS/QHP	97155	CPT	14	10	4	0	3.3
2	SUBSTANCE ABUSE RESIDENTIAL	SUBSTANCE ABUSE RESIDENTIAL	Level of Stay	9	9	0	0	0
3	PSYTX W PT 60 MINUTES	90837	CPT	7	4	3	0	1.9
4	TCRANIAL MAGN STIM TX DELI	90868	CPT	6	2	4	0	2.2
5	MENTAL HEALTH INPATIENT	MENTAL HEALTH INPATIENT	Level of Stay	5	5	0	0	0
6	INTENSIVE OUTPATIENT PSYCHIA	MENTAL HEALTH RESIDENTIAL	Level of Stay	3	2	1	0	2.3
7	MENTAL HEALTH RESIDENTIAL	S9480	CPT	3	3	0	0	0
8	ALCOHOL AND/OR DRUG SERVICES	90853	CPT	1	1	0	0	3
9	EATING DISORDER RESIDENTIAL	99214	CPT	1	1	0	0	0
10	GROUP PSYCHOTHERAPY	EATING DISORDER RESIDENTIAL	Level of Stay	1	1	0	0	3
10	MH PARTIAL HOSP TX UNDER 24H	H0015	CPT	1	1	0	0	0
10	OFFICE O/P EST MOD 30 MIN	H0035	CPT	1	1	0	0	1

Most Approved

Rank by Count	Diagnostic Test or Procedure	Procedure Code	Code Type (CPT, DRG,...)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	ADAPT BEHAVIOR TX PHYS/QHP	97155	CPT	10	10	0	0	2.1
2	SUBSTANCE ABUSE RESIDENTIAL	SUBSTANCE ABUSE RESIDENTIAL	Level of Stay	9	9	0	0	0
3	MENTAL HEALTH INPATIENT	MENTAL HEALTH INPATIENT	Level of Stay	5	5	0	0	0
4	PSYTX W PT 60 MINUTES	90837	CPT	4	4	0	0	1.5
5	MENTAL HEALTH RESIDENTIAL	MENTAL HEALTH RESIDENTIAL	Level of Stay	3	3	0	0	0
6	INTENSIVE OUTPATIENT PSYCHIA	90868	CPT	2	2	0	0	2.5
7	TCRANIAL MAGN STIM TX DELI	S9480	CPT	2	2	0	0	1
8	ALCOHOL AND/OR DRUG SERVICES	90853	CPT	1	1	0	0	3
9	EATING DISORDER RESIDENTIAL	99214	CPT	1	1	0	0	0
10	GROUP PSYCHOTHERAPY	EATING DISORDER RESIDENTIAL	Level of Stay	1	1	0	0	3
10	MH PARTIAL HOSP TX UNDER 24H	H0015	CPT	1	1	0	0	0
10	OFFICE O/P EST MOD 30 MIN	H0035	CPT	1	1	0	0	1

Most Denied

Rank by Count	Diagnostic Test or Procedure	Procedure Code	Code Type (CPT, DRG,...)	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	ADAPT BEHAVIOR TX PHYS/QHP	90868	CPT	4	0	4	0	6.3
2	TCRANIAL MAGN STIM TX DELI	97155	CPT	4	0	4	0	2.8
3	PSYTX W PT 60 MINUTES	90837	CPT	3	0	3	0	2.3
4	INTENSIVE OUTPATIENT PSYCHIA	S9480	CPT	1	0	1	0	2
5								
6								
7								
8								
9								
10								

Top 10 Indications by Count of Prior Authorization Requests/Approvals/Denials:
(A medical indication is a condition, sign, or symptom indicating the need for care.)

Most Requested

Rank by Count	Medical Indication	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	AUTISTIC DISORDER	14	10	4	0	3.3
2	ALCOHOL DEPENDENCE, UNCOMPLICATED	10	10	0	0	0.3
3	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	5	3	2	0	1.4
4	DISRUPTIVE MOOD DYSREGULATION DISORDER	3	3	0	0	0.3
5	GENERALIZED ANXIETY DISORDER	3	3	0	0	2
6	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	3	2	1	0	1.3
7	BINGE EATING DISORDER, MODERATE	2	2	0	0	0
8	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	2	1	1	0	1
9	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	2	1	1	0	0.5
10	ALCOHOL ABUSE, IN REMISSION	1	1	0	0	1
10	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES	1	1	0	0	0
10	BIPOLAR DISORDER, UNSPECIFIED	1	1	0	0	3
10	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1	0	1	0	2
10	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1	1	0	0	3
10	MIXED OBSESSONAL THOUGHTS AND ACTS	1	0	1	0	2
10	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1	1	0	0	1
10	SCHIZOPHRENIA, UNSPECIFIED	1	0	1	0	4

Most Approved

Rank by Count	Medical Indication	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	ALCOHOL DEPENDENCE, UNCOMPLICATED	10	10	0	0	0.3
2	AUTISTIC DISORDER	10	10	0	0	2.1
3	DISRUPTIVE MOOD DYSREGULATION DISORDER	3	3	0	0	0.3
4	GENERALIZED ANXIETY DISORDER	3	3	0	0	2.0
5	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	3	3	0	0	0.7
6	BINGE EATING DISORDER, MODERATE	2	2	0	0	0
7	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	2	2	0	0	0
8	ALCOHOL ABUSE, IN REMISSION	1	1	0	0	1
9	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES	1	1	0	0	0
10	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	1	1	0	0	0
10	BIPOLAR DISORDER, UNSPECIFIED	1	1	0	0	3
10	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1	1	0	0	0
10	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1	1	0	0	3
10	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1	1	0	0	1

Most Denied

Rank by Count	Medical Indication	Requests	Approved	Denied	Pending	Average Days to Initial Decision
1	AUTISTIC DISORDER	4	4	0	0	6.3
2	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	2	2	0	0	2.5
3	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES	1	1	0	0	2
4	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1	1	0	0	2
5	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1	1	0	0	1
6	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES	1	1	0	0	4
7	MIXED OBSESSONAL THOUGHTS AND ACTS	1	1	0	0	2
8	SCHIZOPHRENIA, UNSPECIFIED	1	1	0	0	4
9						
10						

Top 20 Reasons for Denial by Count of Prior Authorizations Denied:

Rank by Count	Reason for Denial	Denials	Appeals	Appeals Approved	Appeals Denied	Appeals Pending	Average Days for a Decision upon Appeal
1	Not medically necessary, appropriate, effective, or efficient	12	16	13	3	0	14.25
2							
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