

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
CP	20955	FIBULA BONE GRAFT MICROVASC	1			1	2
CP	21045	EXTENSIVE JAW SURGERY	1			1	2
CP	22999	UNLISTED PX ABDOMEN MUSCSKEL		1		1	1
CP	30465	REPAIR NASAL STENOSIS	1			1	4
CP	30469	RPR NSL VLV COLLAPSE W/RMDLG		1		1	0
CP	31600	PLANNED TRACHEOSTOMY	1			1	2
CP	33864	ASCENDING AORTIC GRAFT	1			1	0
CP	36260	INSERTION OF INFUSION PUMP	1			1	0
CP	41825	EXCISION OF GUM LESION	1			1	2
CP	41899	UNLISTED PX DENTALVLR STRUX	3			3	1
CP	47120	PARTIAL REMOVAL OF LIVER	1			1	0
CP	64615	CHEMODENERV MUSC MIGRAINE	4	1		5	2
CP	67911	REVISE EYELID DEFECT	1			1	4
CP	69706	NPS SURG DILAT EUST TUBE BI	1			1	1
CP	93622	COMP EP EVAL L VENTR PAC&REC	1			1	0
CP	96365	THER/PROPH/DIAG IV INF INIT	1			1	1

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	99214	OFFICE O/P EST MOD 30 MIN	1			1	1
HC	A4238	ADJU CGM SUPPLY ALLOWANCE	1			1	1
HC	J0175	INJ, DONANEMAB-AZBT, 2 MG	1			1	0
HC	J0585	INJECTION,ONABOTULINUMTOXINA	4	1		5	2
HC	J1561	GAMUNEX-C/GAMMAKED	1			1	12
HC	J1745	INFLIXIMAB NOT BIOSIMIL 10MG		1		1	7
HC	J2777	INJ, FARICIMAB-SVOA, 0.1MG	1			1	0
HC	J7323	EUFLEXXA INJ PER DOSE	1			1	1
HC	Q5103	INJECTION, INFLECTRA	2			2	1
HC	Q5119	INJ RUXIENCE, 10 MG	1			1	7
HC	S9359	HIT ANTI-TNF PER DIEM	1			1	0
		INPATIENT	2	1		3	1
		RESIDENTIAL	1			1	0

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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		MEDICAL SERVICE	34	19		53	1
CP	23430	Tenodesis of long tendon of biceps	1			1	1
CP	27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	2			2	1
CP	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft		1		1	7
CP	27356	Excision or curettage of bone cyst or benign tumor of femur;with allograft		1		1	2
CP	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	1			1	2
CP	29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	1			1	0
CP	29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	1			1	0
CP	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	1			1	0
CP	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	1			1	1
CP	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	1			1	0
CP	29881	Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	1			1	3
CP	29883	Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	2			2	1

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	1			1	3
CP	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	2	1		3	2
CP	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	2			2	1
CP	29916	Arthroscopy, hip, surgical; with labral repair	2			2	1
CP	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances	4			4	0
CP	64479	INJ FORAMEN EPIDURAL C/T	1			1	0
CP	64483	INJ FORAMEN EPIDURAL L/S	5	1		6	0
CP	64484	INJ FORAMEN EPIDURAL ADD-ON	2			2	0
CP	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	2			2	0
CP	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance, cervical or thoracic; second level	2			2	0
CP	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; third and any additional level(s)	2			2	0
CP	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	1			1	1
CP	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	1			1	1

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	2			2	0
CP	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	2			2	0
CP	70450	CT HEAD or Brain; without contrast material	1			1	1
CP	70486	CT SINUS, Maxillofacial Area; without contrast material	4			4	0
CP	70491	CT NECK Soft Tissue; with contrast material(s)	3			3	3
CP	70496	CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing	2			2	1
CP	70498	CTA NECK, without contrast, followed by contrast and further sections, including image post-processing	1			1	1
CP	70540	MRI Orbit, Face, and Neck without contrast	1			1	3
CP	70543	MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences	1			1	0
CP	70544	MRA Head; without contrast material(s)	1			1	0
CP	70551	MRI BRAIN (head); without contrast material	2			2	2
CP	70553	MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	7	1		8	1
CP	71250	CT CHEST (thorax); without contrast material	3			3	0

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	71260	CT CHEST (thorax); with contrast material(s)	5			5	3
CP	71270	CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections		1		1	3
CP	71275	CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	1			1	0
CP	72131	CT Lumbar Spine; without contrast material	1			1	1
CP	72141	MRI Cervical Spine, (spinal canal and contents); without contrast material	5	1		6	1
CP	72146	MRI Thoracic Spine, (spinal canal and contents); without contrast material	3	1		4	3
CP	72148	MRI Lumbar Spine, (spinal canal and contents); without contrast material	7	3		10	1
CP	72156	MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	1			1	0
CP	72157	MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	1			1	0
CP	72158	MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	1			1	0
CP	72197	MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences	4			4	0
CP	73200	CT Upper Extremity; without contrast material	2			2	2
CP	73218	MRI Upper Extremity, other than joint; without contrast material(s)	1			1	0

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	73221	MRI Upper Extremity, any joint; without contrast material(s)	8	7		15	1
CP	73222	MRI Upper Extremity, any joint; with contrast material(s)	1			1	0
CP	73700	CT Lower Extremity; without contrast material	1			1	0
CP	73721	MRI Lower Extremity, any joint; without contrast material(s)	8	3		11	1
CP	74160	CT ABDOMEN; with contrast material(s)	1			1	0
CP	74175	CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	1			1	0
CP	74176	Computed tomography; abdomen and pelvis; without contrast material	3			3	0
CP	74177	Computed tomography; abdomen and pelvis; with contrast material(s)	8	2		10	3
CP	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		2		2	2
CP	74181	MRI ABDOMEN; without contrast material(s)		1		1	4
CP	74183	MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	6			6	1
CP	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; unilateral	1	1		2	1
CP	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired comput	1			1	1

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	1			1	1
CP	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	1			1	1
CP	78815	PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	2			2	0
CP	93350	ECHO TRANSTHORACIC		1		1	2
CP	93351	STRESS TTE COMPLETE	1	1		2	3
CP	93460	Native coronary artery catheterization with right and left heart cath	1			1	1
CP	0340U	oncology (pan-cancer), analysis of minimal residual disease (mrd) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline dna, reported as absence or presence of mrd, with disease-burden correlation, if appropriate		2		2	29
CP	20930	allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	15	7		22	3
CP	20931	allograft, structural, for spine surgery only (list separately in addition to code for primary procedure)	2	1		3	0
CP	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)	4	6		10	3
CP	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)	2	1		3	2
CP	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)	3			3	3
CP	22216	osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (list separately in addition to primary procedure)		1		1	2

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	22551	arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below c2	7	2		10	2
CP	22552	arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below c2, each additional interspace (list separately in addition to code for primary procedure)	3	1		4	2
CP	22558	arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	4			4	3
CP	22585	arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure)	1			1	8
CP	22600	arthrodesis, posterior or posterolateral technique, single interspace; cervical below c2 segment	1			1	1
CP	22610	arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	1			1	5
CP	22612	arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	3	1		4	1
CP	22614	arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (list separately in addition to code for primary procedure)	1			1	8
CP	22630	arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;		1		1	3
CP	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, lumbar;	4	6		10	3
CP	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, lumbar; each additional interspace (list separately in addition to code for primary procedure)		2		2	3
CP	22804	arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments		1		1	2
CP	22840	posterior non-segmental instrumentation (eg, harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at c1, facet screw fixation) (list separately in addition to code for primary procedure)	5	5		10	3

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	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)	3	2		5	4
CP	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)		1		1	2
CP	22845	anterior instrumentation; 2 to 3 vertebral segments (list separately in addition to code for primary procedure)	10	1		11	3
CP	22849	reinsertion of spinal fixation device	1			1	8
CP	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 interspace (list separately in addition to code for primary procedure)	14	8		22	2
CP	22856	total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical		2		2	4
CP	22867	insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level		1		1	4
CP	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 saphenous vein)	2	5		7	3
CP	36466	injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg		1		1	2
CP	36471	injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	4	4		8	4
CP	36475	endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	1	6		7	9
CP	36478	endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	5	7		12	3
CP	36482	endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	2			2	3

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	37238	transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	2			2	5
CP	37241	vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	1	2		3	3
CP	37242	vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	2			2	3
CP	37243	vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	1			1	2
CP	37722	ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	1			1	4
CP	37765	stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	2	3		5	3
CP	37766	stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	1	1		2	3
CP	37799	unlisted procedure, vascular surgery		1		1	47
CP	43202	esophagoscopy, flexible, transoral; with biopsy, single or multiple	1			1	1
CP	43235	esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	57	20		77	2
CP	43239	esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	22	13		81	2
CP	43245	esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	1			1	0
CP	43248	esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	7			7	0

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	49411	placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple		2		2	1
CP	55876	placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	3			3	0
CP	61624	transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)		1		1	2
CP	61796	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	1			1	0
CP	61797	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (list separately in addition to code for primary procedure)	1			1	0
CP	61798	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	1			1	0
CP	61799	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (list separately in addition to code for primary procedure)	1			1	0
CP	61800	application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary procedure)	1			1	0
CP	62290	injection procedure for discography, each level; lumbar		1		1	5
CP	63005	laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis				1	1
CP	63020	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	1			1	1
CP	63030	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	3	1		4	1
CP	63042	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	1			1	1

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	63045	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; cervical		1		1	0
CP	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	4	5		9	3
CP	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 vertebral segment, cervical, thoracic, or lumbar (list separately in addition to code for primary procedure)	4	3		7	4
CP	63056	transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	1			1	2
CP	63267	laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	2			2	0
CP	64628	thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	1	6		7	4
CP	77263	therapeutic radiology treatment planning; complex	12	6		18	0
CP	77280	therapeutic radiology simulation-aided field setting; simple	5	2		7	0
CP	77290	therapeutic radiology simulation-aided field setting; complex	9	4		13	0
CP	77293	respiratory motion management simulation (list separately in addition to code for primary procedure)	1	2		3	1
CP	77295	3-dimensional radiotherapy plan, including dose-volume histograms	8	4		12	0
CP	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 dose, as required during course of treatment, only when prescribed by the treating physician	11	7		18	0
CP	77301	intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	7	4		11	0

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

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CP	77307	teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	3	1		4	0
CP	77321	special teletherapy port plan, particles, hemibody, total body	2			2	0
CP	77331	special dosimetry (eg, tld, microdosimetry) (specify), only when prescribed by the treating physician	5	3		8	0
CP	77333	treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	1			1	0
CP	77334	treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	12	6		18	0
CP	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	12	6		18	0
CP	77338	multi-leaf collimator (mlc) device(s) for intensity modulated radiation therapy (imrt), design and construction per imrt plan	7	4		11	0
CP	77373	stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	4	1		5	1
CP	77385	intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; simple	1			1	0
CP	77386	intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; complex	2	3		5	0
CP	77387	guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	6	5		11	0
CP	77401	radiation treatment delivery, superficial and/or ortho voltage, per day		1		1	0
CP	77412	radiation treatment delivery, >=1 mev; complex	5	3		8	0

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
CP	77417	therapeutic radiology port image(s)	8	5		13	0
CP	77427	radiation treatment management, 5 treatments	8	5		13	0
CP	77435	stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	4	1		5	1
CP	77470	special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	1	1		2	0
CP	81162	brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)		1		11	20
CP	81415	exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	4			4	16
CP	81448	hereditary peripheral neuropathies (eg, charcot-marie-tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, bsc1, gjb1, mfn2, mpz, reep1, spast, spg11, sptc1)		1		1	35
CP	81455	solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; dna analysis or combined dna and rna analysis		1		1	12
CP	81459	solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis or combined dna and rna analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements		1		1	47
CP	81462	solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; dna analysis or combined dna and rna analysis, copy number variants and rearrangements		1		1	14
CP	81479-MISCPAN	miscellaneous genetic panel		2		2	12
CP	81518	oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	1			1	5
CP	81542	oncology (prostate), mrna, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score		1		1	8

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
CP	91110	gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	2			2	1
CP	95782	Polysomnography, Sleep Monitoring Of Patient Younger Than 6 Years Old In A Sleep Lab	4			4	1
CP	95783	Polysomnography, Sleep Monitoring Of Patient Younger Than 6 Years Old In A Sleep Lab	1	1		2	4
CP	95805	Multiple Sleep Latency Test (mslt), Facility Based Test To See The Amount Of Sleepiness Or To Test The Ability To Stay Awake	3	2		5	3
CP	95807	Sleep Study Attended, Facility Based Test To Diagnose Or Plan Treatment For A Sleep Related Problem		1		1	4
CP	95808	Polysomnography, Sleep Monitoring Of Patient At Any Age In A Sleep Lab		1		1	1
CP	95810	Polysomnography, Sleep Monitoring Of Patient 6 Years Or Older In A Sleep Lab	19	24		43	4
CP	95811	Polysomnography, Sleep Monitoring Of Patient 6 Years Or Older In A Sleep Lab With Breathing Equipment	36	46		82	3
HC	E0466	Home Ventilator, Any Type, Used With Non-invasive Interface, (e.g., Mask, Chest Shell)	2			2	4
HC	E0470	Bi-level Positive Airway Pressure Device - A Home Based Healthcare Device That Provides Treatment For Breathing Disorders	3			3	0
HC	E0601	Pap Device, Or Positive Airway Pressure Device - A Home Based Healthcare Device That Determines And Provides Treatment For A Breathing Disorder Diagnosed By A Home Sleep Test (hst) Or A Facility Based Sleep Test	26			26	0
HC	E1399	Medical Equipment, Miscellaneous/various	1	1		2	6
HC	G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	1	1		2	1

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
HC	G6002	stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	6	5		11	0
HC	G6014	radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	5	3		8	0
HC	G6015	intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	3	3		6	0
HC	J0185	injection, aprepitant, 1 mg	6			6	0
HC	J0897	injection, denosumab, 1 mg	2			2	1
HC	J1453	injection, fosaprepitant, 1 mg	9	1		10	0
HC	J1950	injection, leuprolide acetate (for depot suspension), per 3.75 mg	3			3	0
HC	J2469	injection, palonosetron hcl, 25 mcg	15	1		16	0
HC	J2506	injection, pegfilgrastim, excludes biosimilar, 0.5 mg	1			1	1
HC	J3490	unclassified drugs		1		1	2
HC	J8522	capecitabine, oral, 50 mg	1			1	0
HC	J8999	prescription drug, oral, chemotherapeutic, nos	4			4	0
HC	J9000	injection, doxorubicin hydrochloride, 10 mg	2			2	1

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
HC	J9040	injection, bleomycin sulfate, 15 units	1			1	0
HC	J9041	injection, bortezomib, 0.1 mg	1			1	0
HC	J9045	injection, carboplatin, 50 mg	5			5	1
HC	J9047	injection, carfilzomib, 1 mg	3			3	0
HC	J9060	injection, cisplatin, powder or solution, 10 mg	2			2	1
HC	J9144	injection, daratumumab, 10 mg and hyaluronidase-fihj	2			2	0
HC	J9145	injection, daratumumab, 10 mg	1			1	0
HC	J9171	injection, docetaxel, 1 mg	1	1		2	1
HC	J9173	injection, durvalumab, 10 mg	1			1	0
HC	J9177	injection, enfortumab vedotin-ejfv, 0.25 mg	1			1	2
HC	J9181	injection, etoposide, 10 mg	1			1	0
HC	J9190	injection, fluorouracil, 500 mg	10			10	1
HC	J9200	injection, floxuridine, 500 mg	1			1	0

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
HC	J9202	goserelin acetate implant, per 3.6 mg	1	1		2	4
HC	J9206	injection, irinotecan, 20 mg	4			4	1
HC	J9217	leuprolide acetate (for depot suspension), 7.5 mg	2			2	0
HC	J9228	injection, ipilimumab, 1 mg	1			1	0
HC	J9263	injection, oxaliplatin, 0.5 mg	8			8	1
HC	J9267	injection, paclitaxel, 1 mg	4			4	2
HC	J9271	injection, pembrolizumab, 1 mg	6	1		7	1
HC	J9299	injection, nivolumab, 1 mg	3			3	1
HC	J9305	injection, pemetrexed, not otherwise specified, 10 mg	1			1	2
HC	J9358	injection, fam-trastuzumab deruxtecan-nxki, 1 mg	2			2	1
HC	J9370	vincristine sulfate, 1 mg	2			2	1
HC	J9395	injection, fulvestrant, 25 mg	2			2	0
HC	Q5107	injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	1			1	0

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
HC	Q5111	injection, pegfilgrastim-cbqv (udenycya), biosimilar, 0.5 mg	2			2	1
HC	Q5115	injection, rituximab-abbs, biosimilar, (truxima), 10 mg	1			1	2
HC	Q5116	injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	1			1	4
HC	Q5118	injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	2			2	0
HC	Q5119	injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	1			1	1
HC	Q5122	injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	2	1		3	0
HC	Q5122	injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg		2			0
HC	Q5123	injection, rituximab-arrx, biosimilar, (riabni), 10 mg	2			2	1
RX		ACTEMRA ACTPEN 162 MG/0.9 PEN INJCTR		1		1	2
RX		ADALIMUMAB-ADAZ(CF) PE 80MG/0.8ML PEN INJCTR	1			1	5
RX		ADALIMUMAB-RYVK(CF) AU 40MG/0.4ML AUTOINJKIT	1			1	0
RX		ADDERALL XR 10 MG CAP.SR 24H		1		1	6
RX		ARMOUR THYROID 90 MG TABLET	1			1	0

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
	RX	BELSOMRA 10 MG TABLET	1			1	4
	RX	CIMZIA 400 MG KIT	1			1	6
	RX	CIMZIA 400 MG/2ML SYRINGEKIT	3			3	3
	RX	CONTOUR NEXT TEST STRI STRIP		1		1	0
	RX	DEXCOM G6 SENSOR EACH	3			3	3
	RX	DEXCOM G7 SENSOR EACH	1			1	0
	RX	DEXTROAMPHETAMINE-AMPH 10 MG CAP.SR 24H	1	1		2	6
	RX	DEXTROAMPHETAMINE-AMPH 15 MG CAP.SR 24H	1			1	4
	RX	DEXTROAMPHETAMINE-AMPH 20 MG CAP.SR 24H	2			2	4
	RX	DUPIXENT PEN 300 MG/2ML PEN INJCTR	2			2	0
	RX	DUPIXENT SYRINGE 300 MG/2ML SYRINGE	1			1	0
	RX	ELIQUIS 5 MG TABLET	2			2	0
	RX	EMGALITY PEN 120 MG/ML PEN INJCTR	1			1	6

Cigna Health and Life Insurance Prior Authorization Requests: January 2025 - March 2025

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
RX		ENBREL SURECLICK 50MG/ML(1) PEN INJCTR	1			1	0
RX		ENTYVIO PEN 108MG/0.68 PEN INJCTR	1			1	0
RX		FREESTYLE LIBRE 2 PLUS EACH		1		1	4
RX		FREESTYLE LIBRE 3 PLUS EACH	2	4		6	3
RX		HUMIRA(CF) PEN CROHN'S 80MG/0.8ML PEN IJ KIT		1		1	4
RX		ICLUSIG 15 MG TABLET	1			1	4
RX		IVERMECTIN 3 MG TABLET	1			1	0
RX		JARDIANCE 25 MG TABLET	3			3	0
RX		JORNAY PM 100 MG CPDR ER SP	1	1		2	5
RX		KESIMPTA PEN 20MG/0.4ML PEN INJCTR	1			1	2
RX		KEVZARA 200MG/1.14 PEN INJCTR	1			1	0
RX		LINEZOLID 600 MG TABLET	1			1	0
RX		METHYLPHENIDATE HCL CD 30 MG CPBP 30-70	1			1	3
RX		MODAFINIL 100 MG TABLET		2		2	6
RX		MOUNJARO 10MG/0.5ML PEN INJCTR	1			1	7
RX		MOUNJARO 12.5MG/0.5 PEN INJCTR	3	1		4	2
RX		MOUNJARO 15MG/0.5ML PEN INJCTR	2			2	2
RX		MOUNJARO 2.5 MG/0.5 PEN INJCTR	7	11		18	4
RX		MOUNJARO 5 MG/0.5ML PEN INJCTR	2	2		4	4
RX		MOUNJARO 7.5 MG/0.5 PEN INJCTR	1			1	5
RX		NEMLUVIO 30 MG PEN INJCTR		1		1	7
RX		NOVOLOG FLEXPEN 100/ML (3) INSULN PEN		1		1	5
RX		NURTEC ODT 75 MG TAB RAPDIS	2			2	2
RX		OZEMPIC .25 OR 0.5 PEN INJCTR	1	2		3	4
RX		OZEMPIC 1/0.75 (3) PEN INJCTR	2			2	1
RX		OZEMPIC 2MG/0.75ML PEN INJCTR	2	1		3	4
RX		PANTOPRAZOLE SODIUM 40 MG TABLET DR	2			2	0
RX		QELBREE 100 MG CAP ER 24H	1			1	0
RX		QELBREE 200 MG CAP ER 24H	1			1	2
RX		QULIPTA 30 MG TABLET	1			1	0
RX		QULIPTA 60 MG TABLET	2			2	0
RX		REPATHA SURECLICK 140 MG/ML PEN INJCTR	1			1	2
RX		REXULTI 1 MG TABLET	2			2	0
RX		RINVOQ 45 MG TAB ER 24H	1			1	0
RX		RYBELSUS 7 MG TABLET	1	2		3	1
RX		SAJAZIR 30 MG/3 ML SYRINGE	1			1	3
RX		SILDENAFIL CITRATE 20 MG TABLET		1		1	5
RX		SKYRIZI PEN 150 MG/ML PEN INJCTR	3			3	2
RX		STELARA 90 MG/ML SYRINGE		1		1	4
RX		TESTOSTERONE 2.5G-1.62% GEL PACKET	1			1	0
RX		TESTOSTERONE 20.25/1.25 GEL MD PMP		1		1	5
RX		TIROSINT 125 MCG CAPSULE		1		1	5
RX		TIROSINT 150 MCG CAPSULE	1			1	4
RX		TRULICITY 0.75MG/0.5 PEN INJCTR	1			1	5
RX		UBRELVY 100 MG TABLET	1	1		2	2
RX		UBRELVY 50 MG TABLET	1			1	1
RX		VRAYLAR 3 MG CAPSULE		1		1	5
RX		VYVANSE 40 MG CAPSULE		1		1	6
RX		WEGOVY 0.25MG/0.5 PEN INJCTR	1			1	3
RX		XDEMY 0.25 % DROPS	1			1	0
RX		XELJANZ XR 11 MG TAB ER 24H	1			1	0
RX		XIFAXAN 550 MG TABLET	1			1	3
RX		XTAMPZA ER 9 MG CAP SPR 12		1		1	5
RX		ZEPBOUND 7.5 MG/0.5 PEN INJCTR	1			1	3

Cigna Health and Life Insurance Appeals of Prior Authorization Decisions: September 2024 - December 2024

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
Medical Necessity	2	2		2
Pharmacy	1		1	1
Total	3	2	1	3

Healthcare Provider Specialty

Data by healthcare provider specialty is available by request.

Requests shall be sent to:

Name: Cigna Health and Life Insurance Company

Address: PO Box 182223

Chattanooga, TN 37422-7223

Upon receipt of all required information, insurer will provide the report within 30 calendar days to the requesting entity.

Term/Heading	Explanation
Approved	Prior Auth request was initially or ultimately approved by insurer.
Denied	Prior Auth request was initially or ultimately denied by insurer.
Total Count	Total sum of prior authorization requests by procedure type, provider specialty or adverse determination reason.
Procedure Code Type	Specific type of procedure code being used such as CPT or HCPCS.
Procedure Code	Specific CPT or HCPCS number or code for procedure or service being requested.
Procedure Description	Brief description of requested procedure.
Average Processing Days	Time between initial prior authorization request and the approval or initial adverse determination.
Sent to Appeal	Number of initial prior authorizations requests resulting in an adverse determination, requiring any level of additional appeal/review. This count will also be included in the 'Approved' or 'Denied' column as well depending on the outcome.
Reason for Adverse Determination	Reason for prior authorization request denial.
Appeal Count	Number of initial prior authorization requests sent to any level of appeal.
Upheld Count	Number of prior authorization requests sent to appeal that were ultimately upheld or denied.
Reversed Count	Number of prior authorization requests sent to appeal that were ultimately reversed or approved.
Modified Count*	Prior Authorization where there is both an approval and a denial. (Example: Originally requested dosage was denied but an alternative was approved)
	* If your company does not partially approve services, they would not be required to record anything in the modified column. The prior auths will only be documented in approved and denied. If a prior auth is both approved and denied, it should be recorded in the modified column.