

2021 Preauthorization Statistics for Colorado Plans

Preauthorization Statistics by Provider Specialty, Service Type, and Denial Reason

Provider Specialty	Medication / Service Type	Approved / Denied	Reason for denial	Overturned on Appeal
Allergy & Immunology	Xolair	Approved		
Allergy & Immunology	Xolair	Approved		
Allergy & Immunology	Xolair	Approved		
Cardiovascular Disease	Polysomnography, sleep monitoring of patient 6 years or older in a sleep lab with breathing equipment	Denied	Medical Necessity Criteria Not Met	N/A
Dermatology	Otezla	Approved		
Dermatology	Tretinoin	Approved		
Family Practice	Testosterone Cypionate	Approved		
Family Practice	Amethia	Approved		
Family Practice	Computed tomography; abdomen and pelvis; without contrast material	Approved		
Family Practice	CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Approved		
Family Practice	MRI BRAIN (head); with contrast material(s)	Denied	Medical Necessity Criteria Not Met	N/A
Family Practice	MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Approved		
Family Practice	MRI Lower Extremity, other than joint; without contrast material(s)	Denied	Medical Necessity Criteria Not Met	N/A
Family Practice	MRI Lower Extremity, other than joint; without contrast material(s)	Denied	Medical Necessity Criteria Not Met	N/A
Gastroenterology	MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Approved		
General Surgery	CT PELVIS; with contrast material(s)	Denied	Medical Necessity Criteria Not Met	N/A

General Surgery	CT PELVIS; with contrast material(s)	Denied	Medical Necessity Criteria Not Met	N/A
Internal Medicine	Pregabalin	Denied	Did not meet the medical necessity requirements for approval	No
Neurology	MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Approved		
Neurology	MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Approved		
Neurology	MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Approved		
Nurse Practitioner	NP Thyroid	Approved		
Nurse Practitioner	Computed tomography; abdomen and pelvis; without contrast material	Approved		
Nurse Practitioner	MRI Lumbar Spine, (spinal canal and contents); without contrast material	Denied	Medical Necessity Criteria Not Met	N/A
Obstetrics & Gynecology	Lynparza	Approved		
Obstetrics & Gynecology	Lynparza	Approved		
Obstetrics & Gynecology Gynecologic Oncology	Lynparza	Denied	Denied for not meeting clinical criteria for coverage	No
Oncology	Computed tomography; abdomen and pelvis; with contrast material(s)	Approved		
Oncology	CT CHEST (thorax); with contrast material(s)	Approved		
Oncology	PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	Denied	Medical Necessity Criteria Not Met	N/A

Oncology	PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	Denied	Medical Necessity Criteria Not Met	N/A
Surgery-Orthopedic	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	Approved		
Surgery-Orthopedic	Arthroscopy, shoulder, surgical; capsulorrhaphy	Denied	Medical Necessity Criteria Not Met	N/A
Pain Management	INJ FORAMEN EPIDURAL ADD-ON	Approved		
Pain Management	INJ FORAMEN EPIDURAL L/S	Approved		
Physical Therapist	PAIN IN RIGHT SHOULDER, LOW BACK PAIN, RADICULOPATHY, CERVICAL REGION, CERVICALGIA	Denied	Medical Necessity Criteria Not Met	N/A
Physician Assistant	Eletriptan HBR	Denied	Denied for not meeting clinical criteria for coverage	No
Physician Assistant	Aczone	Denied	Provider did not respond with additional clinical information requested	No
Physician Assistant Medical	Vyvanse	Approved		
Psychiatry	Afinitor Disperz	Approved		
Psychiatry	Lamotrigine ER	Approved		
Psychiatry	Vyvanse	Approved		
Psychiatry	Vraylar	Approved		
Psychiatry & Neurology Psychiatry	Latuda	Approved		
Psychiatry & Neurology Psychiatry	Lamotrigine ER	Approved		
Psychiatry & Neurology Psychiatry	Vyvanse	Approved		
Psychiatry & Neurology Psychiatry	Vraylar	Denied	Denied due to use of wrong form	No
Sports Medicine	MRI Lower Extremity, any joint; without contrast material(s)	Approved		

Surgery-Orthopedic	MRI Lower Extremity, any joint; without contrast material(s)	Approved		
Surgery-Orthopedic	MRI Upper Extremity, any joint; without contrast material(s)	Approved		
Surgery-Orthopedic	MRI Upper Extremity, any joint; without contrast material(s)	Approved		
Urology	Computed tomography; abdomen and pelvis; without contrast material	Approved		

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Allergy & Immunology	Xolair	Approved		
Allergy & Immunology	Xolair Injection	Approved		
Cardiovascular	Cardiac MRI	Approved		
Dermatology	Stelara	Approved		
Emergency Medicine	Initial Observation for head injury	Approved		
Family Practice	MRI: Brain	Approved		
Family Practice	MRI: Lower Extremity	Denied	Did not meet the medical necessity requirements for approval	No
Gastroenterology	MRI Abdomen	Approved		
Gastroenterology	MRI Abdomen	Approved		
Gastroenterology	MRI Abdomen	Approved		
Internal Medicine	Vyvanse	Approved		
Internal Medicine	CT Scan: Abdomen & Pelvis	Approved		
Internal Medicine	Stress TTE Complete	Approved		
Internal Medicine	Acute Viral Hepatitis	Approved		
Neurology	Gilenya	Approved		
Neurology	MRI: Brain	Approved		
Neurology	MRI: Cervical Spine	Approved		

Neurology	MRI: Cervical Spine	Approved		
Neurology	MRI: Cervical Spine	Approved		
Nurse Practitioner	Truvada	Approved		
Nurse Practitioner	Dextroamphetamine- Amphetamine	Approved		
Physician Assistant	Calzone	Denied	Denied for not meeting approval criteria of previous trial of other drugs	No
Psychiatry	Latuda	Approved		