

Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 10/01/2017 to 12/31/2017

Inpatient Medical and Non-Medical Approvals and Denials			Ambulatory Medical and Non-Medical Approvals and Denials		
Top 10 Provider/Facility Types		Total	Top 10 Provider/Facility Types		Total
	Internal Medicine	770		Applied Behavioral Analysis	58
	Surgery, Orthopedic	293		Psychiatry	57
	Surgery, Neurological	182		Internal Medicine	50
	Psychiatry	180		Surgery, Orthopedic	41
	Obstetrics & Gynecology	174		Surgery, Neurological	31
	Surgery	160		Independent Durable Medical Equipment	30
	Family Practice	131		Cardiovascular Disease	24
	Acute Short Term Hospital	86		Surgery	24
	General Practice	84		Clinical Psychologist	22
	Pediatrics	65		Ophthalmology	21
Top 10 Procedure Codes and Descriptions		Total	Top 10 Procedure Codes and Descriptions		Total
Procedure Code	Procedure Code Description		Procedure Code	Procedure Code Description	
58150	TOTAL HYSTERECTOMY	18	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	73
44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	9	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	29
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; LUMBAR (FUSION)	8	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	23
J9310	INJECTION, RITUXIMAB, 100 MG	8	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	20
27447	TOTAL KNEE ARTHROPLASTY	8	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	17

22551	ARTHRODESIS, ANTERIOR INTERBODY; CERVICAL BELOW C2	8	96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI, RORSCHACH, WAIS), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TEST	14
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING	7	63030	LAMINOTOMY (HEMILAMINECTOMY); 1 INTERSPACE, LUMBAR	11
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY	7	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	10
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY SINGLE VERTEBRAL SEGMENT; LUMBAR	5	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	10
27130	TOTAL HIP ARTHROPLASTY	5	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	9
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE , SINGLE INTERSPACE AND SEGMENT; LUMBAR (FUSION)	5			
Top 10 Diagnosis Codes and Descriptions		Total	Top 10 Diagnosis Codes and Descriptions		Total
Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
R10.9	UNSPECIFIED ABDOMINAL PAIN	67	F84.0	AUTISTIC DISORDER	60
R07.9	CHEST PAIN, UNSPECIFIED	65	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	34
M48.02	SPINAL STENOSIS, CERVICAL REGION	43	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	27

F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	36	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	26
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	34	Z89.612	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	22
M50.20	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	33	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	17
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	32	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	16
A41.9	SEPSIS, UNSPECIFIED ORGANISM	30	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	14
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	30	299	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE	10
M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	29	N97.9	FEMALE INFERTILITY, UNSPECIFIED	9
M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	29	M54.12	RADICULOPATHY, CERVICAL REGION	9
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	MCG: Post Procedure-Adm	38		Not Medically Necessary	16
	MCG: Chest Pain-Adm	35		Varicose veins perforator veins	7
	Cervical laminectomy and/or ACDF	26		Cervical laminectomy and/or ACDF	7
	Lumbar spinal fusion - (VIII)	24		Network Adequacy Denial: No Out of Network Benefits	5
	MCG: Abdominal Pain-Adm	24		Behavioral Health ABA - Treatment Hours	5
	MCG: Cellulitis-Adm	21		Investigational/Experimental	5
	MCG: Neurological-Adm	20		Prolia/Xgeva	3
	MCG: Pneumonia-Adm	14		Varicose Veins	3
	MCG: Atrial Fibrillation - ADM	12		Varicose Veins - more than one first & second vein ablation (CPT coding)	2
	MCG: Diverticulitis - ADM	9		Acthar Gel - Investigational and Experimental (with CPB)	2
	MCG: Systemic or Infectious Condition-Adm	9		Non Par	2

Aetna Life Insurance Company PPO Products

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Inpatient Medical and Non-Medical Approvals and Denials			Ambulatory Medical and Non-Medical Approvals and Denials		
Top 10 Provider/Facility Types		Total	Top 10 Provider/Facility Types		Total
Internal Medicine		708	Psychiatry		121
Surgery, Orthopedic		422	Internal Medicine		78
Psychiatry		306	Surgery, Orthopedic		61
Surgery		262	Surgery, Neurological		60
Surgery, Neurological		185	Applied Behavioral Analysis		56
Obstetrics & Gynecology		154	Surgery		52
Family Practice		144	Clinical Psychologist		43
Pediatrics		118	Neurology		37
General Practice		85	General Practice		28
Emergency Medicine		73	Family Practice		26
Top 10 Procedure Codes and Descriptions		Total	Top 10 Procedure Codes and Descriptions		Total
Procedure Code	Procedure Code Description		Procedure Code	Procedure Code Description	
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE AND SEGMENT; LUMBAR (FUSION)	14	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	62
58150	TOTAL HYSTERECTOMY	14	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	55
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY	12	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	50
44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	10	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	44
27130	TOTAL HIP ARTHROPLASTY	10	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	37
23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOTAL SHOULDER	10	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	37

27447	TOTAL KNEE ARTHROPLASTY	10	96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI, RORSCHACH, WAIS), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TEST	28
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; LUMBAR (FUSION)	9	63030	LAMINOTOMY (HEMILAMINECTOMY); 1 INTERSPACE, LUMBAR	18
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	7	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	16
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY SINGLE VERTEBRAL SEGMENT; LUMBAR	6	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	15
22551	ARTHRODESIS, ANTERIOR INTERBODY; CERVICAL BELOW C2 (FUSION)	6			
44207	LAPAROSCOPY, SURGICAL; COLECTOMY (LOW PELVIC ANASTOMOSIS)	6			
Top 10 Diagnosis Codes and Descriptions		Total	Top 10 Diagnosis Codes and Descriptions		Total
Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	99	F84.0	AUTISTIC DISORDER	97
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	74	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	79
M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	59	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	38
R10.9	UNSPECIFIED ABDOMINAL PAIN	52	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	36
M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	50	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	34
M51.36	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	46	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	30
R07.9	CHEST PAIN, UNSPECIFIED	42	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	29
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	38	N97.9	FEMALE INFERTILITY, UNSPECIFIED	25

M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	35	M50.30	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	17
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	34	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	13
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	Lumbar spinal fusion - (VIII)	46		Not Medically Necessary	16
	MCG: Post Procedure-Adm	43		IVIG - Preferred/ Lower cost	12
	MCG: Abdominal Pain-Adm	24		Varicose Veins: No Duplex/Ultrasound	11
	MCG: Chest Pain-Adm	23		Proton Beam condition unproven	9
	Lumbar laminectomy for herniated disc - (III)	22		Varicose Veins - more than one first & second vein ablation (CPT coding)	8
	IP Admit Denial Due to Procedure Denial (Clin)	17		Behavioral Health ABA - Treatment Hours	7
	Not Medically Necessary	15		No Info PDN	5
	MCG: Cellulitis-Adm	13		NY: Proton Beam condition unproven	4
	MCG: Neurological-Adm	12		Investigational/Experimental	4
	Spine cages, devices not covered (E/I)	11		Spine cages for cervical fusion	4