

**Aetna Health Management HMO Products**

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2017 to 03/31/2017

<b>Inpatient Medical and Non-Medical Approvals and Denials</b>			<b>Ambulatory Medical and Non-Medical Approvals and Denials</b>		
<b>Top 10 Provider/Facility Types</b>		<b>Total</b>	<b>Top 10 Provider/Facility Types</b>		<b>Total</b>
	Internal Medicine	808		Applied Behavioral Analysis	74
	Surgery, Orthopedic	334		Psychiatry	66
	Psychiatry	211		Surgery, Orthopedic	57
	Surgery	206		Clinical Psychologist	54
	Family Practice	195		Family Practice	48
	Obstetrics & Gynecology	166		Internal Medicine	41
	Surgery, Neurological	153		Neurology	32
	Acute Short Term Hospital	142		Endocrinology, Reproductive	30
	General Practice	120		Surgery, Neurological	29
	Pediatrics	65		Clinical Social Worker	26
<b>Top 10 Procedure Codes and Descriptions</b>		<b>Total</b>	<b>Top 10 Procedure Codes and Descriptions</b>		<b>Total</b>
<b>Procedure Code</b>	<b>Procedure Code Description</b>		<b>Procedure Code</b>	<b>Procedure Code Description</b>	
27447	TOTAL KNEE ARTHROPLASTY	42	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	64
27130	TOTAL HIP ARTHROPLASTY	30	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	42
58150	TOTAL HYSTERECTOMY	21	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	28
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS, BY CABLE OR RADIO 16 OR MORE CHANEL TELEMETRY COMBINED ELECTROENCEPHALOGRAPHIC (EEG) AND VIDEO RECORDING AND INTERPRETATION,(EG, PRESURGICAL LOCALIZATION) EACH 24 HOURS	9	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

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	8	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	23
44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	8	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	22
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS)	7	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, PERCUTANEOUS,LASER, FIRST VEIN TREATED	21
22551	ARTHRODESIS, ANTERIOR INTERBODY; CERVICAL BELOW C2 (FUSION)	7	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	17
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY	7	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	17
	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	3	99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION	14
<b>Top 10 Diagnosis Codes and Descriptions</b>		<b>Total</b>	<b>Top 10 Diagnosis Codes and Descriptions</b>		<b>Total</b>
<b>Diagnosis code</b>	<b>Diagnosis Code Description</b>		<b>Diagnosis code</b>	<b>Diagnosis Code Description</b>	
R07.9	CHEST PAIN, UNSPECIFIED	65	F84.0	AUTISTIC DISORDER	80
R10.9	UNSPECIFIED ABDOMINAL PAIN	53	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	45
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	52	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	27
M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	45	N97.9	FEMALE INFERTILITY, UNSPECIFIED	26
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	45	G60.0	HEREDITARY MOTOR AND SENSORY NEUROPATHY	22
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	42	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	21

F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	42	M48.06	SPINAL STENOSIS, LUMBAR REGION	18
M48.06	SPINAL STENOSIS, LUMBAR REGION	39	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	14
A41.9	SEPSIS, UNSPECIFIED ORGANISM	37	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	13
M16.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	36	M50.30	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	13
<b>Top 10 Denial Reasons</b>		<b>Total</b>	<b>Top 10 Denial Reasons</b>		<b>Total</b>
	MCG: Post Procedure-Adm	35		Network Adequacy Denial: No Out of Network Benefits	26
	MCG: Abdominal Pain-Adm	32		Plan exclusion	21
	MCG: Chest Pain-Adm	24		Not a Covered Service	11
	Lumbar spinal fusion - (VIII)	15		Must Customize BH ABA - Treatment Hours	10
	Investigational/Experimental	13		Non Par	10
	MCG: Systemic or Infectious Condition-Adm	12		No Clinical Info Denial	8
	Not Medically Necessary	9		Varicose Veins: No Duplex/Ultrasound	7
	IP Admit Denial Due to Procedure Denial by eviCore	7		Level of Care	7
	MCG: Renal Colic and Kidney Stones - Adm	7		Coverage Terminated Prior to Service Dates	7
	MCG: Alcohol/Drug Overdose-Adm	5		EMG monitoring - Intraoperative spinal surgery	5
	IP Admit Denial Due to Procedure Denial (Clin)	5		Not Medically Necessary	5

**Aetna Life Insurance Company PPO Products**

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2017 to 03/31/2017

<b>Inpatient Medical and Non-Medical Approvals and Denials</b>			<b>Ambulatory Medical and Non-Medical Approvals and Denials</b>		
<b>Top 10 Provider/Facility Types</b>		<b>Total</b>	<b>Top 10 Provider/Facility Types</b>		<b>Total</b>
Internal Medicine		764	Psychiatry		172
Surgery, Orthopedic		443	Surgery, Orthopedic		87
Psychiatry		337	Clinical Psychologist		76
Surgery		297	Applied Behavioral Analysis		63
Surgery, Neurological		272	Endocrinology, Reproductive		57
Obstetrics & Gynecology		162	Surgery, Neurological		57
Family Practice		152	Internal Medicine		55
General Practice		142	Unknown		37
Pediatrics		117	Obstetrics & Gynecology		37
Acute Short Term Hospital		98	Surgery, Plastic		34
			Surgery		34
<b>Top 10 Procedure Codes and Descriptions</b>		<b>Total</b>	<b>Top 10 Procedure Codes and Descriptions</b>		<b>Total</b>
<b>Procedure Code</b>	<b>Procedure Code Description</b>		<b>Procedure Code</b>	<b>Procedure Code Description</b>	
27447	TOTAL KNEE ARTHROPLASTY	48	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	70
27130	TOTAL HIP ARTHROPLASTY	42	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	61
58150	TOTAL HYSTERECTOMY	12	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	61
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY	11	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	52
23472	TOTAL SHOULDER ARTHROPLASTY	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	50
44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	7	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	25

95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS, BY CABLE OR RADIO 16 OR MORE CHANEL TELEMETRY COMBINED ELECTROENCEPHALOGRAPHIC (EEG) AND VIDEO RECORDING AND INTERPRETATION,(EG, PRESURGICAL LOCALIZATION) EACH 24 HOURS	6	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	24
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE; LUMBAR (FUSION)	6	63030	LAMINOTOMY (HEMILAMINECTOMY), LUMBAR	21
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; LUMBAR (FUSION)	6	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	19
58140	MYOMECTOMY, EXCISION OF FIRBROID TUMORS OF UTERUS; ABDOMINAL APPROACH	6	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	17
22551	ARTHRODESIS, ANTERIOR INTERBODY; CERVICAL BELOW C2 (FUSION)	6			
<b>Top 10 Diagnosis Codes and Descriptions</b>		<b>Total</b>	<b>Top 10 Diagnosis Codes and Descriptions</b>		<b>Total</b>
<b>Diagnosis code</b>	<b>Diagnosis Code Description</b>		<b>Diagnosis code</b>	<b>Diagnosis Code Description</b>	
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	102	F84.0	AUTISTIC DISORDER	102
M48.02	SPINAL STENOSIS, CERVICAL REGION	78	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	85
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	69	N97.9	FEMALE INFERTILITY, UNSPECIFIED	54
R07.9	CHEST PAIN, UNSPECIFIED	62	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	53
F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	61	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	44
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	54	S88.111S	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SEQUELA	25
M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	53	M48.02	SPINAL STENOSIS, CERVICAL REGION	25
M16.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	50	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	21
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE	48	F41.9	ANXIETY DISORDER, UNSPECIFIED	20
R10.9	UNSPECIFIED ABDOMINAL PAIN	47	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	17
M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	47			
<b>Top 10 Denial Reasons</b>		<b>Total</b>	<b>Top 10 Denial Reasons</b>		<b>Total</b>
	CHEST PAIN, UNSPECIFIED	18		Plan exclusion	27
	SPINAL STENOSIS, CERVICAL REGION	11		Not Medically Necessary	23
	PNEUMONIA, UNSPECIFIED ORGANISM	8		Not a Covered Service	16

UNSPECIFIED ABDOMINAL PAIN	6	No Clinical Info Denial	15
UNSPECIFIED ATRIAL FIBRILLATION	6	Level of Care	10
SPINAL STENOSIS, LUMBAR REGION	5	Coverage Terminated Prior to Service Dates	9
GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	5	Cervical laminectomy and/or ACDF	7
ALCOHOL DEPENDENCE, UNCOMPLICATED	4	Cervical, lumbar, or thoracic lamiá (other than herniated disk)	5
HEADACHE	4	Non Participating	5
ANEMIA, UNSPECIFIED	4	Not a Covered Service	4
MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	4	No Info PDN	4