

Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2018 to 03/31/2018

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		688	Internal Medicine		59
Obstetrics & Gynecology		143	Applied Behavioral Analysis		30
Family Practice		133	Psychiatry		27
Psychiatry		119	Surgery, Orthopedic		20
Surgery		95	Clinical Psychologist		19
Surgery, Orthopedic		92	Surgery, Plastic		19
General Practice		78	Family Practice		16
Acute Short Term Hospital		55	Cardiovascular Disease		16
Pediatrics		47	Optometrist		14
Surgery, Neurological		44	Surgery		13
			Gastroenterology		13
Top 10 Procedure Codes and Descriptions		Total	Top 10 Procedure Codes and Descriptions		Total
Procedure Code	Procedure Code Description		Procedure Code	Procedure Code Description	
58140	MYOMECTOMY, EXCISION OF FIRBROID TUMORS OF UTERUS; ABDOMINAL APPROACH	2	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	78
27447	TOTAL KNEE ARTHROPLASTY	2	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	15
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	1	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	15
93565	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SELECTIVE LEFT VENTRICULAR OR LEFTATRIAL ANGIOGRAPHY	1	19318	REDUCTION MAMMAPLASTY	13

33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	11
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE OR TELESCOPE	1	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	10
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	1	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	9
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND GUIDANCE)	1	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	8
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION	1	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC	8
G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	1	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	7
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	1	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	7
63030	HEMILAMINECTOMY; LUMBAR	1	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	7
			99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	7
Top 10 Diagnosis Codes and Descriptions		Total	Top 10 Diagnosis Codes and Descriptions		Total

Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	54	F84.0	AUTISTIC DISORDER	39
R07.9	CHEST PAIN	53	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	28
R10.9	UNSPECIFIED ABDOMINAL PAIN	52	F10.20	ALCOHOL DEPENDENCE	18
F10.20	ALCOHOL DEPENDENCE	35	R07.9	CHEST PAIN, UNSPECIFIED	15
R50.9	FEVER, UNSPECIFIED	30	F11.20	OPIOID DEPENDENCE	12
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	30	B18.2	CHRONIC VIRAL HEPATITIS C	11
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	28	N62	HYPERTROPHY OF BREAST	8
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	27	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	7
A41.9	SEPSIS, UNSPECIFIED ORGANISM	23	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	7
N39.0	URINARY TRACT INFECTION	23	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	6
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	23	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	6
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	Post Procedure- Coverage for the requested admission is denied - member does not meet criteria	43		Network Adequacy Denial: No Out of Network Benefits	8
	Abdominal Pain- Coverage for the requested admission is denied - member does not meet criteria	28		Not Medically Necessary	5
	Chest Pain- Coverage for the requested admission is denied - member does not meet criteria	24		Breast Reduction: Breast Tissue Surface Area	4
	Cellulitis- Coverage for the requested admission is denied - member does not meet criteria	16		Cervical laminectomy and/or ACDF	2
	Pneumonia- Coverage for the requested admission is denied - member does not meet criteria	16		Varicose Veins	2
	Systemic or Infectious Condition- Coverage for the requested admission is denied - member does not meet criteria	12		Uvulopalatopharyngoplasty (UPPP) Adult	2
	Asthma - Adult/Peds- Coverage for the requested admission is denied - member does not meet criteria	8		GCSF (granulocyte colony-stimulating factor) for primary prophylaxis	1

Atrial Fibrillation - Coverage for the requested admission is denied - member does not meet criteria	8	Botox for Overactive Bladder	1
Precert denial of requested post-surgical admission	7	Varicose Veins - more than one first vein ablation	1
Neurological- Coverage for the requested admission is denied - member does not meet criteria	7	Capsule Endoscopy	1
Musculoskeletal- Coverage for the requested admission is denied - member does not meet criteria	7	FAI (femoro-acetabular) hip impingement surgery age 15+	1

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		666	Psychiatry		91
Psychiatry		232	Internal Medicine		55
Surgery, Orthopedic		154	Surgery, Orthopedic		43
Surgery		131	Surgery		39
Family Practice		119	Applied Behavioral Analysis		37
Obstetrics & Gynecology		113	Family Practice		34
General Practice		87	Clinical Psychologist		30
Pediatrics		81	Surgery, Neurological		28
Emergency Medicine		60	Surgery, Plastic		20
Cardiovascular Disease		54	Ophthalmology		19
Top 10 Procedure Codes and Descriptions		Total	Top 10 Procedure Codes and Descriptions		Total
Procedure Code	Procedure Code Description		Procedure Code	Procedure Code Description	
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	3	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	59
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (FUSION)	2	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	57
50783	URETERONEOCYSTOSTOMY	1	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	54
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	1	0364T	TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	47
63030	HEMILAMINECTOMY; LUMBAR	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	36
21142	RECONSTRUCTION MIDFACE, LEFORT I;TWO PIECES, WITHOUT BONE GRAFT.	1	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	33

21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	1	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	30
J9310	INJECTION, RITUXIMAB, 100 MG	1	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 OBSERVATION	22
43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	22
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; LUMBAR (FUSION)	1	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	22
60260	THYROIDECTOMY, REMOVAL OF REMAINING THYROID TISSUE FOLLOWING PREVIOUS REMOVAL OF A PORTION OF THYROID	1			
Top 10 Diagnosis Codes and Descriptions			Top 10 Diagnosis Codes and Descriptions		
Total			Total		
Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	93	F84.0	AUTISTIC DISORDER	72
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	63	F10.20	ALCOHOL DEPENDENCE	67
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	60	F11.20	OPIOID DEPENDENCE	25
R07.9	CHEST PAIN	46	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	22
R10.9	UNSPECIFIED ABDOMINAL PAIN	46	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	20
F11.20	OPIOID DEPENDENCE	39	B18.2	CHRONIC VIRAL HEPATITIS C	17
A41.9	SEPSIS, UNSPECIFIED ORGANISM	34	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	15
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	32	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	14
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE	31	M51.16	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	10

R50.9	FEVER	24	F90.2	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	9
K85.90	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	24	F12.20	CANNABIS DEPENDENCE	9
I63.9	CEREBRAL INFARCTION	24			
Top 10 Denial Reasons			Top 10 Denial Reasons		
	Post Procedure- Coverage for the requested admission is denied - member does not meet criteria	32		Not Medically Necessary	16
	Abdominal Pain- Coverage for the requested admission is denied - member does not meet criteria	22		Level of Care	10
	Chest Pain- Coverage for the requested admission is denied - member does not meet criteria	14		Investigational/Experimental	5
	Pneumonia- Coverage for the requested admission is denied - member does not meet criteria	13		Varicose Veins: No Duplex/Ultrasound	4
	Systemic or Infectious Condition- Coverage for the requested admission is denied - member does not meet criteria	13		No Info Private Duty Nursing	4
	COPD- Coverage for the requested admission is denied - member does not meet criteria	10		Non Participating	4
	Precert denial of requested post-surgical admission	10		Synagis - Greater than 29 wks, no qualifying conditions-1st yr of life	3
	Inpatient Admit Denial Due to Procedure Denial by eviCore	10		Breast Reduction: Breast Tissue Surface Area	3
	Neurological- Coverage for the requested admission is denied - member does not meet criteria	8		Behavioral Health ABA - Treatment Hours	3