

**Aetna Health Management HMO Products**

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2019 to 06/30/2019

<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>
	Acute Short Term Hospital	597		Acute Short Term Hospital	44
	Internal Medicine	373		Psychiatry	42
	Family Practice	84		Applied Behavioral Analysis	41
	Psychiatry	61		Ambulatory Surgical Center	22
	Obstetrics & Gynecology	58		Otolaryngology	19
	Surgery	43		Psychiatric Hospital, Acute and Long Term	18
	Surgery, Orthopedic	38		Internal Medicine	17
	General Practice	34		Family Practice	16
	Emergency Medicine	28		Substance Abuse Facility	16
	Pediatrics	26		Surgery, Orthopedic	14
<b>Procedure Code</b>	<b>Top 10 Procedure Codes and Descriptions</b>	<b>Total</b>	<b>Procedure Code</b>	<b>Top 10 Procedure Codes and Descriptions</b>	<b>Total</b>
	<b>Procedure Code Description</b>			<b>Procedure Code Description</b>	
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY	3	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	65
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION	3	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	52
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY	2	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	36
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	2	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN	22

22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS	2	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	21
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	2	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	18
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL, OR GREAT TOE	1	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	15
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	1	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	15
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS	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	12
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	1	19318	REDUCTION MAMMAPLASTY	10
<b>Diagnosis code</b>	<b>Top 10 Diagnosis Codes and Descriptions</b>	<b>Total</b>	<b>Diagnosis code</b>	<b>Top 10 Diagnosis Codes and Descriptions</b>	<b>Total</b>
R10.9	UNSPECIFIED ABDOMINAL PAIN	53	F84.0	AUTISTIC DISORDER	68
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	43	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	32
R07.9	CHEST PAIN, UNSPECIFIED	39	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	21

L03.90	CELLULITIS, UNSPECIFIED	28	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	20
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	25	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	18
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	22	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	11
R50.9	FEVER, UNSPECIFIED	22	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	11
A41.9	SEPSIS, UNSPECIFIED ORGANISM	21	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	9
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	19	F14.20	COCAINE DEPENDENCE, UNCOMPLICATED	8
R06.02	SHORTNESS OF BREATH	18	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	7
<b>Top 10 Denial Reasons</b>		<b>Total</b>	<b>Top 10 Denial Reasons</b>		<b>Total</b>
	No Clinical Info Denial	82		Behavioral Health ABA - Treatment Hours	7
	Post Procedure - Coverage for the requested admission is denied- member does not meet criteria	41		No Clinical Info Denial	6
	Abdominal Pain - Coverage for the requested admission is denied- member does not meet criteria	28		Network Adequacy Denial: No Out of Network Benefits	6
	Other Coverage Primary/COB	19		Not Medically Necessary	3
	Chest Pain - Coverage for the requested admission is denied- member does not meet criteria	16		Investigational/Experimental	3
	Gastroenteritis - Coverage for the requested admission is denied- member does not meet criteria	11		Coverage Terminated Prior to Service Dates	2
	Inpatient Admit Denial Due to Procedure Denial by eviCore	9		Breast Reduction: Breast Tissue Surface Area	2
	Cellulitis - Coverage for the requested admission is denied- member does not meet criteria	8		Non Participating	2
	Atrial Fibrillation - Coverage for the requested admission is denied- member does not meet criteria	8		Not a Covered Service	1
	Pneumonia - Coverage for the requested admission is denied- member does not meet criteria	7		Outpatient Video EEG - criteria not met and wrong code	1

**Aetna Life Insurance Company PPO Products**

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2019 to 06/30/2019

<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>
	Acute Short Term Hospital	879		Acute Short Term Hospital	43
	Internal Medicine	393		Psychiatry	43
	Psychiatry	108		Applied Behavioral Analysis	39
	Family Practice	87		Ambulatory Surgical Center	25
	Surgery	86		Otolaryngology	19
	Surgery, Orthopedic	76		Psychiatric Hospital, Acute and Long Term	18
	Psychiatric Hospital, Acute and Long Term	54		Family Practice	16
	Obstetrics & Gynecology	53		Internal Medicine	16
	Substance Abuse Facility	44		Surgery, Orthopedic	16
	General Practice	41		Substance Abuse Facility	15
<b>Procedure Code</b>	<b>Top 10 Procedure Codes and Descriptions</b>	<b>Total</b>	<b>Procedure Code</b>	<b>Top 10 Procedure Codes and Descriptions</b>	<b>Total</b>
	<b>Procedure Code Description</b>			<b>Procedure Code Description</b>	
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY	11	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	65
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS, BY CABLE OR RADIO 16 OR MORE CHANNEL TELEMETRY COMBINED ELECTROENCEPHALOGRAPHIC (EEG) AND VIDEO RECORDING AND INTERPRETATION,(EG, PRESURGICAL LOCALIZATION) EACH 24 HOURS	7	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	53
0042T	CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST ADMINISTRATION, INCLUDING POST-PROCESSING OF PARAMETRIC MAPS WITH EVALUATION DETERMINATION OF CEREBRAL BLOOD FLOW, CEREBRAL BLOOD VOLUME, AND MEAN TRANSIT TIME	2	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	42
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION	2	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	24

20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION	2	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN( S)/CAREGIVER(S)	22
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C" OR "L" OSTEOTOMY; WITHOUT BONE GRAFT	2	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	18
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	2	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACTECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	16
0375T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION), CERVICAL, THREE OR MORE LEVELS	1	19318	REDUCTION MAMMAPLASTY	15
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); FIRST 20 SQ CM OR LESS	1	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	15
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	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	12
<b>Diagnosis code</b>	<b>Top 10 Diagnosis Codes and Descriptions</b>	<b>Total</b>	<b>Diagnosis code</b>	<b>Top 10 Diagnosis Codes and Descriptions</b>	<b>Total</b>
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	75	F84.0	AUTISTIC DISORDER	71
R10.9	UNSPECIFIED ABDOMINAL PAIN	54	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	31
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	51	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	22
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	47	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	22
R07.9	CHEST PAIN, UNSPECIFIED	42	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	20

J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	39	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	13
F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	35	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	11
A41.9	SEPSIS, UNSPECIFIED ORGANISM	33	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	10
I48.91	UNSPECIFIED ATRIAL FIBRILLATION	32	N62	HYPERTROPHY OF BREAST	10
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	31	N97.9	FEMALE INFERTILITY, UNSPECIFIED	9
<b>Top 10 Denial Reasons</b>			<b>Top 10 Denial Reasons</b>		
		<b>Total</b>			<b>Total</b>
	No Clinical Info Denial	231		No Clinical Info Denial	13
	Post Procedure - Coverage for the requested admission is denied- member does not meet criteria	20		Behavioral Health ABA - Treatment Hours	8
	Abdominal Pain - Coverage for the requested admission is denied- member does not meet criteria	18		Plan exclusion	7
	Inpatient Admission Late Notification	18		Not Medically Necessary	6
	Chest Pain - Coverage for the requested admission is denied- member does not meet criteria	16		Varicose Veins: No Duplex/Ultrasound	5
	Inpatient Admit Denial Due to Procedure Denial by eviCore	16		Coverage Terminated Prior to Service Dates	4
	Other Coverage Primary/COB	12		Breast Reduction: Breast Tissue Surface Area	4
	Coverage Terminated Prior to Service Dates	9		Cosmetic Surgery	3
	Neurological - Coverage for the requested admission is denied- member does not meet criteria	8		Not a Covered Service	2
	Atrial Fibrillation - Coverage for the requested admission is denied- member does not meet criteria	8		Transition of Care - Request After 90 Days	2