

Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2017 to 09/30/2017

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	746		Applied Behavioral Analysis	62
	Surgery, Orthopedic	215		Internal Medicine	61
	Psychiatry	148		Surgery, Plastic	42
	Obstetrics & Gynecology	146		Surgery, Neurological	41
	Surgery	136		Surgery, Orthopedic	37
	Family Practice	132		Psychiatry	35
	Surgery, Neurological	130		Gastroenterology	30
	General Practice	87		Surgery	23
	Pediatrics	65		Family Practice	21
	Acute Short Term Hospital	64		Clinical Psychologist	20
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	13	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	70
27447	TOTAL KNEE ARTHROPLASTY	8	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	34
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY	8	0359T	OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES	19
23472	TOTAL SHOULDER ARTHROPLASTY	7	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	18
44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	7	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	17

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	6	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	14
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE; LUMBAR (FUSION)	6	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC	12
22551	ARTHRODESIS, ANTERIOR INTERBODY; CERVICAL BELOW C2 (FUSION)	6	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	12
27130	TOTAL HIP ARTHROPLASTY	6	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	12
44207	LAPAROSCOPY, SURGICAL; COLECTOMY (LOW PELVIC ANASTOMOSIS)	5	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	11
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY; LUMBAR	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	
R07.9	CHEST PAIN, UNSPECIFIED	64	F84.0	AUTISTIC DISORDER	80
R10.9	UNSPECIFIED ABDOMINAL PAIN	60	L59.8	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION	32
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	49	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	32
R50.9	FEVER, UNSPECIFIED	46	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	29
M54.16	RADICULOPATHY, LUMBAR REGION	44	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	19
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	42	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	19
M48.06	SPINAL STENOSIS, LUMBAR REGION	37	R07.9	CHEST PAIN, UNSPECIFIED	15
M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	35	B18.2	CHRONIC VIRAL HEPATITIS C	11

M50.20	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	29	M50.20	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	11
K57.92	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	25	N91.2	AMENORRHEA, UNSPECIFIED	11
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	25			
L03.90	CELLULITIS, UNSPECIFIED	25			
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	25			
F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	25			
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	25			
	Top 10 Denial Reasons	Total		Top 10 Denial Reasons	Total
	MCG: Post Procedure-Adm	44		Network Adequacy Denial: No Out of Network Benefits	17
	MCG: Abdominal Pain-Adm	27		Level of Care	6
	MCG: Chest Pain-Adm	25		Not Medically Necessary	5
	MCG: Cellulitis-Adm	18		Varicose Veins: No Duplex/Ultrasound	5
	Lumbar spinal fusion - (VIII)	14		Viscosupplements - Lower Cost	4
	Network Adequacy Denial: No Out of Network Benefits	14		Non Participating	4
	Cervical laminectomy and/or ACDF	12		BRCA: Male w/ No Hx of Breast CA	3
	MCG: Neurological-Adm	12		Genetic sequence panel	3
	Not Medically Necessary	11		Behavioral Health ABA - Treatment Hours	3
	MCG: Diverticulitis - ADM	10		Viscosupplement - no trial of steroids	3

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2017 to 09/30/2017

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		671	Psychiatry		110
Surgery, Orthopedic		354	Surgery, Orthopedic		85
Psychiatry		295	Internal Medicine		70
Surgery		236	Surgery		60
Obstetrics & Gynecology		139	Surgery, Plastic		54
Family Practice		138	Applied Behavioral Analysis		53
Surgery, Neurological		136	Surgery, Neurological		50
Pediatrics		95	Clinical Psychologist		44
General Practice		71	Family Practice		42
Acute Short Term Hospital		58	Ophthalmology		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	
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY	14	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	57
58150	TOTAL HYSTERECTOMY	12	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	54
27447	TOTAL KNEE ARTHROPLASTY	10	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	35
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	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	32
44207	LAPAROSCOPY, SURGICAL (LOW PELVIC ANASTOMOSIS)	8	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	30
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY SINGLE VERTEBRAL SEGMENT; LUMBAR	7	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	29

27130	TOTAL HIP ARTHROPLASTY	7	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	18
22551	ARTHRODESIS, ANTERIOR INTERBODY; CERVICAL BELOW C2 (FUSION)	7	19318	REDUCTION MAMMAPLASTY	16
44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	7	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	16
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	6	63030	LAMINOTOMY (HEMILAMINECTOMY); 1 INTERSPACE, LUMBAR	15
58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, ABDOMINAL APPROACH	6			
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE; LUMBAR	6			
Top 10 Diagnosis Codes and Descriptions			Top 10 Diagnosis Codes and Descriptions		Total
Diagnosis code	Diagnosis Code Description	Total	Diagnosis code	Diagnosis Code Description	Total
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	108	F84.0	AUTISTIC DISORDER	102
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	60	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	61
F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	55	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	42
R07.9	CHEST PAIN, UNSPECIFIED	52	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	33
R10.9	UNSPECIFIED ABDOMINAL PAIN	50	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	27
M54.16	RADICULOPATHY, LUMBAR REGION	46	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	20
A41.9	SEPSIS, UNSPECIFIED ORGANISM	43	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	17
M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	42	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	17
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	41	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	16
M48.06	SPINAL STENOSIS, LUMBAR REGION	41	N97.9	FEMALE INFERTILITY, UNSPECIFIED	14
			M47.812	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	14
Top 10 Denial Reasons			Top 10 Denial Reasons		Total
	MCG: Post Procedure-Adm	33		Not Medically Necessary	19
	Lumbar spinal fusion - (VIII)	31		Varicose Veins: No Duplex/Ultrasound	11
	MCG: Chest Pain-Adm	27		Level of Care	7

Not Medically Necessary	20	Viscosupplements - Lower Cost	6
MCG: Abdominal Pain-Adm	14	Investigational/Experimental	5
MCG: Neurological-Adm	13	Varicose Veins	5
Investigational/Experimental	11	Spine cages for cervical fusion	4
MCG: Diabetes-Adm	9	Behavioral Health ABA - Treatment Hours	4
MCG: Gastroenteritis	9	Lumbar spinal fusion - (VIII)	4
IP Admit Denial Due to Procedure Denial by eviCore	8	Cosmetic Surgery	4
MCG: Syncope-Adm	8		