

**Aetna Health Management HMO Products**

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2018 to 09/30/2018

<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		254	Acute Short Term Hospital		62
Psychiatry		11	Unknown Specialty		34
Family Practice		53	Applied Behavioral Analysis		25
General Practice		17	Psychiatry		17
Internal Medicine		137	Clinical Psychologist		13
Surgery, Orthopedic		10	Surgery		13
Unknown Specialty		34	Intensive Outpatient Program		9
Obstetrics & Gynecology		22	Endocrinology, Reproductive		9
Surgery		14	Optometrist		8
Pediatrics		10	Surgery, General Vascular		8
<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>	
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY	3	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	76
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	2	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	40
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION	2	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	26
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	20

22614	SPINE FUSION, EXTRA SEGMENT	1	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	17
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMBAR	1	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM 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	16
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	1	0359T		16
96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWE LLING PORT OR CATHETER	1	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	11
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR	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	11
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	1	H0035	ADMINISTERING TEST	8
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S) (EG, FOR TUMOR OR RETROPULSED BONE FRAGMENTS); LUMBAR, SINGLE SEGMENT	1		MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	
<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	33	F84.0	AUTISTIC DISORDER	33
R10.9	UNSPECIFIED ABDOMINAL PAIN	23	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	28
R50.9	FEVER, UNSPECIFIED	9	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	20
I48.91	UNSPECIFIED ATRIAL FIBRILLATION	9	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	15
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	9	R07.9	CHEST PAIN, UNSPECIFIED	13

K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	8	N97.9	FEMALE INFERTILITY, UNSPECIFIED	9
R55	SYNCOPE AND COLLAPSE	8	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	9
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	7	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	9
I50.9	HEART FAILURE, UNSPECIFIED	7	F14.20	COCAINE DEPENDENCE, UNCOMPLICATED	8
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	6	N62	HYPERTROPHY OF BREAST	7
K85.90	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	6			
D64.9	ANEMIA, UNSPECIFIED	6			
N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	6			
J44.1	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	6			
K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	6			
<b>Top 10 Denial Reasons</b>		<b>Total</b>	<b>Top 10 Denial Reasons</b>		<b>Total</b>
	No Clinical Info Denial	169		Network Adequacy Denial: No Out of Network Benefits	11
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	45		No Clinical Info Denial	7
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	34		Not a Covered Service	3
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	29		Varicose veins perforator veins	2
	Other Coverage Primary/COB	26		Varicose Veins - more than one first vein ablation (CPT coding)	2
	Renal Colic and Kidney Stones - Coverage for the requested admission is denied - member does not meet criteria	14		ASAM Chemical Dependency Intensive Outpatient - case management	2
	Neurological - Coverage for the requested admission is denied - member does not meet criteria	11		Repatha - female greater than 18 for HeFH or cardiovascular disease	2
	Coverage Terminated Prior to Service Dates	10		Varicose Veins: No Duplex/Ultrasound	2
	DRG Continuation of Recent Admission	10		Coverage Terminated Prior to Service Dates	2
	Gastroenteritis - Coverage for the requested admission is denied - member does not meet criteria	9		Behavioral Health ABA - Treatment Hours	2
	Cellulitis - Coverage for the requested admission is denied - member does not meet criteria	9			

**Aetna Life Insurance Company PPO Products**

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<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	270		Psychiatric Hospital, Acute and Long Term	10
	Internal Medicine	110		Surgery, Orthopedic	10
	Unknown Specialty	46		Surgery	9
	Obstetrics & Gynecology	23		Surgery, Plastic	8
	Surgery	22		Internal Medicine	7
	Family Practice	16		Ambulatory Surgicenter	7
	Surgery, Orthopedic	14		Clinical Psychologist	6
	Children's Hospital	11		Substance Abuse Facility	5
	General Practice	11		Applied Behavioral Analysis	4
	Cardiovascular Disease	11		Psychiatry	3
<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>	
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY	3	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	47
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION)	1	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	43
38220	DIAGNOSTIC BONE MARROW; ASPIRATION(S)	1	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	42
63057	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK); EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR	1	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	36
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	1	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	29

95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES	1	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	28
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	25
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	25
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	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	20
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION	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	19
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE	1			
22614	SPINE FUSION, EXTRA SEGMENT	1			
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	1			
<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	29	F84.0	AUTISTIC DISORDER	60
A41.9	SEPSIS, UNSPECIFIED ORGANISM	15	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	49
R10.9	UNSPECIFIED ABDOMINAL PAIN	13	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE	25
I48.91	UNSPECIFIED ATRIAL FIBRILLATION	11	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	19

J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	11	N97.9	FEMALE INFERTILITY, UNSPECIFIED	19
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	10	N62	HYPERTROPHY OF BREAST	16
J44.1	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	9	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	12
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	8	F41.1	GENERALIZED ANXIETY DISORDER	10
E86.0	DEHYDRATION	7	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	8
K35.80	UNSPECIFIED ACUTE APPENDICITIS	7	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	7
<b>Top 10 Denial Reasons</b>		<b>Total</b>	<b>Top 10 Denial Reasons</b>		<b>Total</b>
	No Clinical Info Denial	263		No Clinical Information Denial	14
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	47		Plan exclusion	12
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	30		Not Medically Necessary	8
	Coverage Terminated Prior to Service Dates	20		Breast Reduction: Breast Tissue Surface Area	8
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	15		Investigational/Experimental	5
	Inpatient Admission Late Notification	13		Breast Reduction: No Mammography	4
	Other Coverage Primary/COB	12		No Information Private Duty Nursing	4
	Atrial Fibrillation - - Coverage for the requested admission is denied - member does not meet criteria	11		Varicose Veins: No Duplex/Ultrasound	4
	Not Medically Necessary	11		Coverage Terminated Prior to Service Dates	3
	Continuation of Recent Admission	9		Lumbar laminectomy for herniated disc	3
	Inpatient Admission Denial Due to Procedure Denial	9			