

Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2019 to 09/30/2019

| 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 |
| | Acute Short Term Hospital | 387 | | Applied Behavioral Analysis | 28 |
| | Internal Medicine | 275 | | Acute Short Term Hospital | 23 |
| | Family Practice | 73 | | Psychiatry | 18 |
| | Psychiatry | 36 | | Family Practice | 11 |
| | Surgery, Orthopedic | 36 | | Internal Medicine | 10 |
| | Obstetrics & Gynecology | 31 | | Surgery | 10 |
| | General Practice | 27 | | Ophthalmology | 8 |
| | Surgery | 26 | | Otolaryngology | 8 |
| | Substance Abuse Facility | 20 | | Surgery, General Vascular | 8 |
| | Emergency Medicine | 18 | | Ambulatory Surgical Center | 6 |
| Procedure Code | Top 10 Procedure Codes and Descriptions | Total | Procedure Code | Top 10 Procedure Codes and Descriptions | Total |
| | Procedure Code Description | | | 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 | 6 | H2036 | ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM | 26 |
| 63030 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR | 3 | 36475 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED | 19 |
| 20930 | ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY | 2 | 36478 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED | 18 |
| 95941 | CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILE IN THE OPERATING ROOM, PER HOUR | 2 | 19318 | REDUCTION MAMMAPLASTY | 13 |

| | | | | | |
|-----------------------|---|--------------|-----------------------|--|--------------|
| 19304 | MASTECTOMY, SUBCUTANEOUS | 1 | 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 | 12 |
| 20936 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION | 1 | 31295 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION), TRANSNASAL OR VIA CANINE FOSSA | 10 |
| 22600 | ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT | 1 | 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) | 9 |
| 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 | 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 | 9 |
| 22844 | POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS | 1 | H0035 | MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS | 9 |
| 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 | 15823 | BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID | 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 | |
| R10.9 | UNSPECIFIED ABDOMINAL PAIN | 58 | F84.0 | AUTISTIC DISORDER | 34 |

| | | | | | |
|------------------------------|---|--------------|------------------------------|---|--------------|
| F10.20 | ALCOHOL DEPENDENCE, UNCOMPLICATED | 51 | F10.20 | ALCOHOL DEPENDENCE, UNCOMPLICATED | 13 |
| R07.9 | CHEST PAIN, UNSPECIFIED | 47 | I87.2 | VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL) | 13 |
| A41.9 | SEPSIS, UNSPECIFIED ORGANISM | 33 | N62 | HYPERTROPHY OF BREAST | 10 |
| J18.9 | PNEUMONIA, UNSPECIFIED ORGANISM | 25 | I83.893 | VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS | 8 |
| K85.90 | ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED | 24 | J32.0 | CHRONIC MAXILLARY SINUSITIS | 8 |
| N39.0 | URINARY TRACT INFECTION, SITE NOT SPECIFIED | 21 | F11.20 | OPIOID DEPENDENCE, UNCOMPLICATED | 6 |
| K56.609 | UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION | 20 | H02.831 | DERMATOCHALASIS OF RIGHT UPPER EYELID | 5 |
| N17.9 | ACUTE KIDNEY FAILURE, UNSPECIFIED | 20 | O09.212 | SUPERVISION OF PREGNANCY WITH HISTORY OF PRE-TERM LABOR, SECOND TRIMESTER | 4 |
| F32.9 | MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED | 18 | F15.20 | OTHER STIMULANT DEPENDENCE, UNCOMPLICATED | 3 |
| Top 10 Denial Reasons | | Total | Top 10 Denial Reasons | | Total |
| | No Clinical Info Denial | 90 | | Network Adequacy Denial: No Out of Network Benefits | 11 |
| | Post Procedure - Coverage for the requested admission is denied- member does not meet criteria | 37 | | No Clinical Info Denial | 5 |
| | Other Coverage Primary/COB | 21 | | Varicose Veins: No Duplex/Ultrasound | 5 |
| | Abdominal Pain - Coverage for the requested admission is denied- member does not meet criteria | 21 | | Breast Reduction: Breast Tissue Surface Area | 3 |
| | Chest Pain - Coverage for the requested admission is denied- member does not meet criteria | 16 | | Behavioral Health ABA - Treatment Hours | 2 |
| | Cellulitis - Coverage for the requested admission is denied- member does not meet criteria | 15 | | Home Health Aide Medical necessity denial | 1 |
| | Neurological - Coverage for the requested admission is denied- member does not meet criteria | 10 | | Blepharoplasty | 1 |
| | Renal Colic and Kidney Stones - Coverage for the requested admission is denied- member does not meet criteria | 9 | | Breast Reduction: Lack of Conservative Measures | 1 |
| | Hypertension - Coverage for the requested admission is denied- member does not meet criteria | 8 | | Not a Covered Service | 1 |
| | Coverage Terminated Prior to Service Dates | 7 | | Outpatient Video EEG - criteria not met | 1 |

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2019 to 09/30/2019

| 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 |
| | Acute Short Term Hospital | 631 | | Applied Behavioral Analysis | 41 |
| | Internal Medicine | 289 | | Psychiatry | 37 |
| | Psychiatry | 72 | | Acute Short Term Hospital | 28 |
| | Surgery | 72 | | Surgery | 20 |
| | Surgery, Orthopedic | 66 | | Substance Abuse Facility | 18 |
| | Family Practice | 51 | | Ambulatory Surgical Center | 14 |
| | Obstetrics & Gynecology | 51 | | Partial Hospital/Day Programs | 13 |
| | Children's Hospital | 36 | | Psychiatric Hospital, Acute and Long Term | 13 |
| | General Practice | 35 | | Otolaryngology | 12 |
| | Pediatrics | 35 | | Residential Treatment Facility | 12 |
| Procedure Code | Top 10 Procedure Codes and Descriptions | Total | Procedure Code | Top 10 Procedure Codes and Descriptions | Total |
| | Procedure Code Description | | | Procedure Code Description | |
| 20930 | ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY | 11 | H2036 | ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM | 88 |
| 20936 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION | 4 | H0035 | MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS | 53 |
| 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 | 4 | 36475 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED | 51 |
| 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 | 4 | 36478 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED | 27 |

| | | | | | |
|-----------------------|---|--------------|-----------------------|---|--------------|
| 22558 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR | 3 | 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 | 27 |
| 27447 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) | 3 | 97155 | ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES | 19 |
| 22842 | POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS | 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) | 16 |
| 43775 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDIN AL GASTRECTOMY (IE, SLEEVE GASTRECTOMY) | 2 | 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 | 16 |
| T2042 | HOSPICE ROUTINE HOME CARE; PER DIEM | 2 | 19318 | REDUCTION MAMMAPLASTY | 14 |
| 19304 | MASTECTOMY, SUBCUTANEOUS | 1 | 99499 | UNLISTED EVALUATION AND MANAGEMENT SERVICE | 12 |
| Diagnosis code | Top 10 Diagnosis Codes and Descriptions | Total | Diagnosis code | Top 10 Diagnosis Codes and Descriptions | Total |
| | Diagnosis Code Description | | | Diagnosis Code Description | |
| F10.20 | ALCOHOL DEPENDENCE, UNCOMPLICATED | 93 | F84.0 | AUTISTIC DISORDER | 90 |
| F33.2 | MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES | 56 | F10.20 | ALCOHOL DEPENDENCE, UNCOMPLICATED | 50 |
| R10.9 | UNSPECIFIED ABDOMINAL PAIN | 43 | I83.813 | VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN | 22 |
| R07.9 | CHEST PAIN, UNSPECIFIED | 42 | I87.2 | VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL) | 22 |
| A41.9 | SEPSIS, UNSPECIFIED ORGANISM | 41 | F11.20 | OPIOID DEPENDENCE, UNCOMPLICATED | 19 |
| N17.9 | ACUTE KIDNEY FAILURE, UNSPECIFIED | 37 | I83.893 | VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS | 15 |
| I63.9 | CEREBRAL INFARCTION, UNSPECIFIED | 35 | F33.2 | MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES | 11 |
| I48.91 | UNSPECIFIED ATRIAL FIBRILLATION | 32 | N62 | HYPERTROPHY OF BREAST | 10 |
| M17.11 | UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE | 31 | M51.26 | OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION | 9 |
| K92.2 | GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED | 28 | F15.20 | OTHER STIMULANT DEPENDENCE, UNCOMPLICATED | 8 |

| Top 10 Denial Reasons | | Total | Top 10 Denial Reasons | | Total |
|---|--|-------|---|--|-------|
| No Clinical Info Denial | | 224 | Behavioral Health ABA - Treatment Hours | | 13 |
| Post Procedure - Coverage for the requested admission is denied- member does not meet criteria | | 21 | No Clinical Info Denial | | 9 |
| Abdominal Pain - Coverage for the requested admission is denied- member does not meet criteria | | 19 | Plan exclusion | | 6 |
| Chest Pain - Coverage for the requested admission is denied- member does not meet criteria | | 17 | Network Adequacy Denial: No Out of Network Benefits | | 6 |
| Inpatient Admission Late Notification | | 17 | Coverage Terminated Prior to Service Dates | | 4 |
| Coverage Terminated Prior to Service Dates | | 13 | Not Medically Necessary | | 3 |
| Inpatient Admit Denial Due to Procedure Denial by eviCore | | 12 | Varicose Veins: No Duplex/Ultrasound | | 3 |
| Coverage termed during IP stay or ambulatory event | | 10 | Varicose veins perforator veins | | 3 |
| Atrial Fibrillation - Coverage for the requested admission is denied- member does not meet criteria | | 10 | Not a Covered Service | | 2 |
| DRG Continuation of Recent Admission | | 8 | Non Participating | | 2 |