

Aetna Life Insurance Company HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2021 to 03/31/2021

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	231		Applied Behavioral Analysis	31
	Internal Medicine	167		Acute Short Term Hospital	13
	Family Practice	71		Psychiatry	12
	Psychiatry	41		Ambulatory Surgicenter	9
	Obstetrics & Gynecology	27		Otolaryngology	8
	Pediatrics	25		Residential Treatment Facility	4
	Surgery	18		Surgery, Orthopedic	4
	Surgery, Orthopedic	17		Family Practice	3
	General Practice	16		General Practice	3
	Emergency Medicine	15		Internal Medicine	3
Procedure Code	Top 10 Procedure Codes and Descriptions	Total	Procedure Code	Top 10 Procedure Codes and Descriptions	Total
	Procedure Code Description			Procedure Code Description	
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK ALLOGRAFT, MORSELIZED, OR PLACEMENT OF	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
20930	OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM 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	14
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	1	97153	PATIENT, EACH 15 MINUTES 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	10
31525	LARYNGOSCOPY DIRECT; DIAGNOSTIC, EXCEPT NEWBORN	1	97151	GUARDIAN(S)/CAREGIVER(S) A	9

39220	RESECTION OF MEDIASTINAL TUMOR LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY	1	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	9
63048	(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 LUMB	1	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	5
95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	1	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	3
			36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	3
			99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	3
			19318	BREAST REDUCTION	2
Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total	Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total
	Diagnosis Code Description			Diagnosis Code Description	
U07.1	COVID-19	56	F84.0	AUTISTIC DISORDER	41
R10.9	UNSPECIFIED ABDOMINAL PAIN	21	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	7
R07.9	CHEST PAIN, UNSPECIFIED	19	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	6
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	18	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	4
A41.9	SEPSIS, UNSPECIFIED ORGANISM	15	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	3
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	15	J32.0	CHRONIC MAXILLARY SINUSITIS	3
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	14	J34.2	DEVIATED NASAL SEPTUM	3
F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	13	299	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE	2
R52	PAIN, UNSPECIFIED	13	C50.912	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	2
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	12	E70.0	CLASSICAL PHENYLKETONURIA	2
	Top 10 Denial Reasons	Total		Top 10 Denial Reasons	Total
	No Clinical Info Denial	54		Network Adequacy Denial: No Out of Network Benefits	4
	Other Coverage Primary/COB	11		Non Participating	3

Systemic or Infectious Condition-Coverage for the requested admission is denied- member does not meet criteria	10	Behavioral Health ABA - Treatment Hours	3
Abdominal Pain-Coverage for the requested admission is denied- member does not meet criteria	9	Cosmetic Surgery	2
Chest Pain-Coverage for the requested admission is denied- member does not meet criteria	8	Allograft denial	1
Inpatient Admission Late Notification	6	No Clinical Info Denial	1
Coverage Terminated Prior to Service Dates	5	Transcranial Magnetic TMS Criteria not met	1
Post Procedure-Coverage for the requested admission is denied- member does not meet criteria	4	Breast Reduction - Meets Other Criteria but No Photos submitted	1
Multiple Illness-Coverage for the requested admission is denied- member does not meet criteria	4	FAI (femoro-acetabular) hip impingement surgery age 15+	1
Cellulitis-Coverage for the requested admission is denied- member does not meet criteria	3	Lumbar laminectomy for herniated disc - (III)	1

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2021 to 03/31/2021

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	1044		Applied Behavioral Analysis	83
	Internal Medicine	603		Acute Short Term Hospital	63
	Psychiatry	142		Psychiatry	58
	Family Practice	117		Otolaryngology	30
	Surgery	110		Surgery, Orthopedic	29
	Obstetrics & Gynecology	71		Ambulatory Surgicenter	28
	Pediatrics	65		Family Practice	22
	Emergency Medicine	54		Substance Abuse Facility	21
	General Practice	54		Surgery, General Vascular	21
	Surgery, Orthopedic	51		Partial Hospital/Day Programs	19
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 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	9	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	71
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	64
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS) LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY	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	43
63048	(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 LUMB	2	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	38

95714	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	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) A	35
95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRE	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	29
19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	1	19318	BREAST REDUCTION	24
19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	1	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	20
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	17
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	1	99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 15-29 MINUTES OF TOTAL	16
	Top 10 Diagnosis Codes and Descriptions	Total		Top 10 Diagnosis Codes and Descriptions	Total
Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
U07.1	COVID-19	197	F84.0	AUTISTIC DISORDER	139
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	95	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	49
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	74	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	37
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	62	N62	HYPERTROPHY OF BREAST	19
R10.9	UNSPECIFIED ABDOMINAL PAIN	51	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	18
A41.9	SEPSIS, UNSPECIFIED ORGANISM	44	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	18
R07.9	CHEST PAIN, UNSPECIFIED	41	J32.0	CHRONIC MAXILLARY SINUSITIS	14

K85.90	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	37	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	12
K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	37	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	12
I48.91	UNSPECIFIED ATRIAL FIBRILLATION	34	F33.1	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	9
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	No Clinical Info Denial	270		Network Adequacy Denial: No Out of Network Benefits	8
	Abdominal Pain-Coverage for the requested admission is denied- member does not meet criteria	23		No Clinical Info Denial	7
	Post Procedure-Coverage for the requested admission is denied- member does not meet criteria	16		No Info Private Duty Nursing	5
	Other Coverage Primary/COB	15		Breast Reduction: Breast Tissue Surface Area	4
	Inpatient Admission Late Notification	15		Not Medically Necessary	4
	Coverage Terminated Prior to Service Dates	13		Investigational/Experimental	4
	Chest Pain-Coverage for the requested admission is denied- member does not meet criteria	11		Varicose Veins: No Duplex/Ultrasound	4
	Pneumonia-Coverage for the requested admission is denied- member does not meet criteria	10		Breast Reduction - Meets Other Criteria but No Photos submitted	4
	Neurological-Coverage for the requested admission is denied- member does not meet criteria	10		Behavioral Health ABA - Treatment Hours	4
	Diabetes-Coverage for the requested admission is denied- member does not meet criteria	9		Uvulectomy	4