

Aetna Life Insurance Company HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2020 to 03/31/2020

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	420		Applied Behavioral Analysis	30
	Internal Medicine	284		Acute Short Term Hospital	13
	Family Practice	85		Psychiatry	12
	Psychiatry	54		Surgery, General Vascular	10
	General Practice	33		Ambulatory Surgical Center	7
	Obstetrics & Gynecology	32		Family Practice	6
	Surgery	26		Pediatrics	6
	Emergency Medicine	22		Internal Medicine	5
	Pediatrics	22		Surgery, Neurological	5
	Surgery, Orthopedic	17		Surgery, Orthopedic	5
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	5	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	16
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	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	14
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	2	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	13
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	13

20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION	1	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	13
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION	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	9
22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND 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)	7
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1	19318	REDUCTION MAMMAPLASTY	6
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC	1	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	5
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	1	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
Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total	Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	36	F84.0	AUTISTIC DISORDER	35
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	34	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	14
R07.9	CHEST PAIN, UNSPECIFIED	26	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	13
R10.9	UNSPECIFIED ABDOMINAL PAIN	21	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	7
A41.9	SEPSIS, UNSPECIFIED ORGANISM	19	N62	HYPERTROPHY OF BREAST	6
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	18	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	5

L03.90	CELLULITIS, UNSPECIFIED	18	M48.02	SPINAL STENOSIS, CERVICAL REGION	5
K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	17	M54.16	RADICULOPATHY, LUMBAR REGION	4
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	16	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	3
K56.609	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	16	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	3
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	No Clinical Info Denial	89		Network Adequacy Denial: No Out of Network Benefits	4
	Other Coverage Primary/COB	23		Spine cages for cervical fusion	3
	Chest Pain - Coverage for the requested admission is denied- member does not meet criteria	14		Breast Reduction: Breast Tissue Surface Area	2
	Post Procedure - Coverage for the requested admission is denied- member does not meet criteria	13		Non Participating	2
	Pneumonia - Coverage for the requested admission is denied- member does not meet criteria	8		Cosmetic Surgery	2
	Neurological - Coverage for the requested admission is denied- member does not meet criteria	8		Varicose Vein - no new ultrasound	2
	Inpatient Admission Late Notification	8		Coverage Terminated Prior to Service Dates	1
	Back Pain - Coverage for the requested admission is denied- member does not meet criteria	7		Breast Reduction: Due to Age	1
	Diverticulitis - Coverage for the requested admission is denied- member does not meet criteria	7		Varicose Veins	1
	Hypertension - Coverage for the requested admission is denied- member does not meet criteria	6		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 01/01/2020 to 03/31/2020

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	982		Psychiatry	63
	Internal Medicine	425		Applied Behavioral Analysis	57
	Psychiatry	134		Acute Short Term Hospital	38
	Family Practice	88		Ambulatory Surgical Center	28
	Surgery, Orthopedic	83		Family Practice	22
	Obstetrics & Gynecology	74		Surgery, Plastic	21
	Surgery	73		Surgery	20
	Psychiatric Hospital, Acute and Long Term	66		Internal Medicine	19
	General Practice	56		Surgery, General Vascular	17
	Pediatrics	49		Otolaryngology	15
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	12	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	76
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY	4	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	60
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION	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	36

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	3	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	35
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	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	27
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	1	19318	REDUCTION MAMMAPLASTY	20
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION)	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	19
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION	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)	19
21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	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	17
21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	1	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	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	
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	83	F84.0	AUTISTIC DISORDER	98

F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	74	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	46
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	70	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	22
A41.9	SEPSIS, UNSPECIFIED ORGANISM	45	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	17
R07.9	CHEST PAIN, UNSPECIFIED	43	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	16
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	42	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	15
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	41	N62	HYPERTROPHY OF BREAST	15
R10.9	UNSPECIFIED ABDOMINAL PAIN	37	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	12
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	34	F13.20	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	8
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	34	I83.812	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	8
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	No Clinical Info Denial	233		Varicose Veins: No Duplex/Ultrasound	11
	Inpatient Admission Late Notification	20		No Clinical Info Denial	7
	Other Coverage Primary/COB	12		Behavioral Health ABA - Treatment Hours	6
	Pneumonia - Coverage for the requested admission is denied- member does not meet criteria	11		No Info Private Duty Nursing	6
	Musculoskeletal - Coverage for the requested admission is denied- member does not meet criteria	11		Network Adequacy Denial: No Out of Network Benefits	6
	Abdominal Pain - Coverage for the requested admission is denied- member does not meet criteria	10		Lumbar laminectomy for herniated disc	5
	Systemic or Infectious Condition - Coverage for the requested admission is denied- member does not meet criteria	10		Breast Reduction: Breast Tissue Surface Area	4
	Post Procedure - Coverage for the requested admission is denied- member does not meet criteria	10		Not Medically Necessary	4
	Pulmonary - Coverage for the requested admission is denied- member does not meet criteria	9		Plan exclusion	3
	Neurological - Coverage for the requested admission is denied- member does not meet criteria	9		Not a Covered Service	3