

Aetna Life Insurance Company HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2020 to 09/30/2020

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	293		Applied Behavioral Analysis	26
	Internal Medicine	271		Ambulatory Surgical Center	17
	Family Practice	49		Otolaryngology	11
	Psychiatry	46		Psychiatry	10
	General Practice	34		Acute Short Term Hospital	8
	Surgery	27		Internal Medicine	7
	Obstetrics & Gynecology	23		Surgery	6
	Children's Hospital	20		Cardiovascular Disease	5
	Surgery, Orthopedic	19		Surgery, General Vascular	5
	Substance Abuse Facility	17		Surgery, Neurological	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	
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	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
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY	1	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	13
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	10
21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	1	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	10
22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	9

22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS	1	19318	REDUCTION MAMMAPLASTY	8
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	1	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	7
43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY, WITH LAPAROSCOPICPYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH OPEN CERVICAL PHARYNGOGASTROSTOMYOR ESOPHAGOGASTROSTOMY	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	7
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	1	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	6
58140	MYOMECTOMY, EXCISION OF FIRBROID TUMORS OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OR 250 GRAMS OR LESS AND/OR REMOVAL OF SURFACE MYOMAS; ABDOMINAL APPROACH	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)	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	
U07.1	COVID-19	67	F84.0	AUTISTIC DISORDER	35
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	34	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	9
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	33	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	8
R07.9	CHEST PAIN, UNSPECIFIED	20	J32.0	CHRONIC MAXILLARY SINUSITIS	7
A41.9	SEPSIS, UNSPECIFIED ORGANISM	18	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	5
R10.9	UNSPECIFIED ABDOMINAL PAIN	14	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	5
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	13	J34.2	DEVIATED NASAL SEPTUM	4
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	13	N62	HYPERTROPHY OF BREAST	4
J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	13	M54.12	RADICULOPATHY, CERVICAL REGION	3
K85.90	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	13	F43.10	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	2

Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
No Clinical Info Denial		46	Not Medically Necessary		3
Other Coverage Primary/COB		25	Behavioral Health ABA - Treatment Hours		3
Post Procedure - Coverage for the requested admission is denied- member does not meet criteria		20	Network Adequacy Denial: No Out of Network Benefits		3
Chest Pain - Coverage for the requested admission is denied- member does not meet criteria		13	Breast Reduction: Breast Tissue Surface Area		2
Abdominal Pain - Coverage for the requested admission is denied- member does not meet criteria		9	No Clinical Info Denial		2
Pneumonia - Coverage for the requested admission is denied- member does not meet criteria		8	Varicose Veins: No Duplex/Ultrasound		2
Inpatient Rehab Adm Denial-Acute Rehab Not Required		5	Plan exclusion		1
Pulmonary - Coverage for the requested admission is denied- member does not meet criteria		5	Coverage Terminated Prior to Service Dates		1
Musculoskeletal - Coverage for the requested admission is denied- member does not meet criteria		5	Allograft denial		1
Inpatient Admit Denial Due to Procedure Denial		3	Non Participating		1

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2020 to 09/30/2020

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	937		Applied Behavioral Analysis	72
	Internal Medicine	471		Acute Short Term Hospital	65
	Psychiatry	148		Psychiatry	48
	Family Practice	98		Substance Abuse Facility	34
	Surgery	90		Ambulatory Surgical Center	32
	Surgery, Orthopedic	83		Surgery	22
	Obstetrics & Gynecology	72		Otolaryngology	20
	General Practice	65		Partial Hospital/Day Programs	18
	Substance Abuse Facility	52		Surgery, General Vascular	18
	Psychiatric Hospital, Acute and Long Term	51		Surgery, Orthopedic	16
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	14	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	77
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	3	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	54
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	39
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM	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	33

23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	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	30
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	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)	21
95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	2	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	18
95720	ELECTROENCEPHALOGRAM (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	2	19318	REDUCTION MAMMAPLASTY	17
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK)	1	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	17
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION	1	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	14
	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	91	F84.0	AUTISTIC DISORDER	106
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	86	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	52
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	76	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	23
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	72	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	22
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	55	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	16

R07.9	CHEST PAIN, UNSPECIFIED	52	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	12
A41.9	SEPSIS, UNSPECIFIED ORGANISM	41	J32.0	CHRONIC MAXILLARY SINUSITIS	12
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	41	N62	HYPERTROPHY OF BREAST	12
F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	37	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	11
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	36	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	11
Top 10 Denial Reasons			Top 10 Denial Reasons		
		Total			Total
	No Clinical Info Denial	228		No Clinical Info Denial	12
	Post Procedure - Coverage for the requested admission is denied- member does not meet criteria	27		Network Adequacy Denial: No Out of Network Benefits	11
	Abdominal Pain - Coverage for the requested admission is denied- member does not meet criteria	20		Behavioral Health ABA - Treatment Hours	7
	Inpatient Admission Late Notification	15		Varicose Veins: No Duplex/Ultrasound	6
	Chest Pain - Coverage for the requested admission is denied- member does not meet criteria	13		Coverage Terminated Prior to Service Dates	5
	Other Coverage Primary/COB	12		Breast Reduction: Breast Tissue Surface Area	5
	Coverage Terminated Prior to Service Dates	12		Not Medically Necessary	4
	SNF Level of Rehab No Longer Required	9		Cosmetic Surgery	3
	Neurological - Coverage for the requested admission is denied- member does not meet criteria	9		Breast Reduction - Meets Other Criteria but No Photos submitted	3
	Inpatient Rehab Denial - Acute Rehab Not Required	8		Plan exclusion	2