

Aetna Life Insurance Company HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2020 to 06/30/2020

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	295		Applied Behavioral Analysis	23
	Internal Medicine	201		Psychiatry	12
	Family Practice	56		Acute Short Term Hospital	6
	Psychiatry	47		Ambulatory Surgical Center	5
	Surgery	28		Residential Treatment Facility	4
	Obstetrics & Gynecology	26		Addiction Psychiatry	3
	Residential Treatment Facility	19		Cardiovascular Disease	3
	Substance Abuse Facility	19		Optometrist	3
	Pediatrics	18		Otolaryngology	3
	Emergency Medicine	17		Pediatrics	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	
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD	2	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	19
22830	EXPLORATION OF SPINAL FUSION	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	14
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS	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	13
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 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	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	5
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	4
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	4
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	1	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	4
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL 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)	4
58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	1	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	4
	Top 10 Diagnosis Codes and Descriptions	Total		Top 10 Diagnosis Codes and Descriptions	Total
Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	47	F84.0	AUTISTIC DISORDER	33
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	27	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	11
R07.9	CHEST PAIN, UNSPECIFIED	21	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	6
R10.9	UNSPECIFIED ABDOMINAL PAIN	20	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	5
U07.1	COVID-19	19	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	4

F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	13	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	4
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	13	F14.20	COCAINE DEPENDENCE, UNCOMPLICATED	3
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	11	299.00	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE	2
O82	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	11	F32.1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	2
A41.9	SEPSIS, UNSPECIFIED ORGANISM	10	F43.20	ADJUSTMENT DISORDER, UNSPECIFIED	2
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	No Clinical Info Denial	45		Network Adequacy Denial: No Out of Network Benefits	4
	Other Coverage Primary/COB	12		Plan exclusion	3
	Abdominal Pain - Coverage for the requested admission is denied- member does not meet criteria	11		Coverage Terminated Prior to Service Dates	3
	Pneumonia - Coverage for the requested admission is denied- member does not meet criteria	9		No Clinical Info Denial	3
	Post Procedure - Coverage for the requested admission is denied- member does not meet criteria	8		Blepharoplasty	1
	Chest Pain - Coverage for the requested admission is denied- member does not meet criteria	6		Breast Reduction: Breast Tissue Surface Area	1
	Coverage Terminated Prior to Service Dates	5		Not Medically Necessary	1
	Cellulitis - Coverage for the requested admission is denied- member does not meet criteria	5		Non Participating	1
	Systemic or Infectious Condition - Coverage for the requested admission is denied- member does not meet criteria	5		Behavioral Health - Non-licensed or Non-certified Provider	1
	Atrial Fibrillation - Coverage for the requested admission is denied- member does not meet criteria	4		Transcranial Magnetic TMS Criteria not met	1

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2020 to 06/30/2020

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	728		Applied Behavioral Analysis	64
	Internal Medicine	332		Psychiatry	52
	Psychiatry	117		Acute Short Term Hospital	35
	Family Practice	75		Ambulatory Surgical Center	23
	Surgery	71		Substance Abuse Facility	15
	General Practice	54		Family Practice	14
	Obstetrics & Gynecology	52		Surgery, Orthopedic	14
	Psychiatric Hospital, Acute and Long Term	39		Partial Hospital/Day Programs	13
	Substance Abuse Facility	38		Internal Medicine	11
	Emergency Medicine	32		Ophthalmology	11
Procedure Code	Top 10 Procedure Codes and Descriptions	Total	Procedure Code	Top 10 Procedure Codes and Descriptions	Total
	Procedure Code Description			Procedure Code Description	
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	2	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	61
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	2	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	45
95718	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING WITH VIDEO	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	32

14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	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	29
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	21
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY	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)	16
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION	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	14
21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	1	19318	REDUCTION MAMMAPLASTY	13
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	13
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	1	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	13
	Top 10 Diagnosis Codes and Descriptions	Total		Top 10 Diagnosis Codes and Descriptions	Total
Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	83	F84.0	AUTISTIC DISORDER	103

J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	49	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	29
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	46	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	22
F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	41	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	19
U07.1	COVID-19	39	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	11
A41.9	SEPSIS, UNSPECIFIED ORGANISM	36	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	10
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	36	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	9
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	31	F33.1	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	6
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	27	F50.01	ANOREXIA NERVOSA, RESTRICTING TYPE	6
R07.9	CHEST PAIN, UNSPECIFIED	26	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	6
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	No Clinical Info Denial	126		No Clinical Info Denial	11
	Other Coverage Primary/COB	16		Behavioral Health ABA - Treatment Hours	8
	Post Procedure - Coverage for the requested admission is denied- member does not meet criteria	16		Not Medically Necessary	4
	Abdominal Pain - Coverage for the requested admission is denied- member does not meet criteria	14		No Info Private Duty Nursing	4
	Inpatient Admission Late Notification	14		Coverage Terminated Prior to Service Dates	3
	Coverage Terminated Prior to Service Dates	12		Plan exclusion	2
	Chest Pain - Coverage for the requested admission is denied- member does not meet criteria	7		Blepharoplasty	2
	Systemic or Infectious Condition - Coverage for the requested admission is denied- member does not meet criteria	6		Breast Reduction: Breast Tissue Surface Area	2
	Pulmonary - Coverage for the requested admission is denied- member does not meet criteria	5		Cosmetic Surgery	2
	Not Medically Necessary	5		Lumbar laminectomy for herniated disc	2