

**Aetna Life Insurance Company HMO Products**

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from xx/xx/20xx to xx/xx/20xx

<b>Inpatient Medical and Non-Medical Approvals and Denials</b>			<b>Ambulatory Medical and Non-Medical Approvals and Denials</b>		
<b>Top 10 Provider/Facility Types</b>	<b>Total</b>		<b>Top 10 Provider/Facility Types</b>	<b>Total</b>	
Acute Short Term Hospital	54		Applied Behavioral Analysis	15	
Internal Medicine	49		Acute Short Term Hospital	7	
Psychiatry	28		Surgery, Orthopedic	6	
Family Practice	16		Ambulatory Surgicenter	4	
General Practice	6		General Practice	4	
Obstetrics & Gynecology	6		Surgery, General Vascular	4	
Pediatrics	5		Cardiovascular Disease	3	
Psychiatric Hospital, Acute and Long Term	5		Internal Medicine	3	
Psychiatry, Child & Adolescent	5		Residential Treatment Facility	3	
Residential Treatment Facility	5		Surgery, Plastic	3	
<b>Procedure Code</b>	<b>Procedure Code Description</b>		<b>Procedure Code</b>	<b>Procedure Code Description</b>	
0042T	CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST ADMINISTRATION, INCLUDING POST-PROCESSING OF PARAMETRIC MAPS WITH EVALUATION DETERMINATION OF CEREBRAL BLOOD FLOW, CEREBRAL BLOOD VOLUME, AND MEAN TRANSIT TIME	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	10
19367	BREAST RECONSTRUCTION; WITH SINGLE-PEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	5

20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	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) A	5
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	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	4
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	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	4
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	1	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	4
43274	CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PLACEMENT OF ENDOSCOPIC STENT INTO BILIARY OR PANCREATIC DUCT, INCLUDING PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED, INCLUDING SPHINCTEROTOMY,WHEN	1	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	3
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	1	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	3

70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	1	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	2
			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	2
<b>Grand Diagnosis code</b>	<b>Diagnosis Code Description</b>	<b>42</b>	<b>Diagnosis code</b>	<b>Top 10 Diagnosis Codes and Descriptions</b>	<b>Total</b>
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WIT	12	F84.0	AUTISTIC DISORDER	23
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPEC	8	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT P	8
F13.20	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNC	7	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	6
R07.9	CHEST PAIN, UNSPECIFIED	6	J32.0	CHRONIC MAXILLARY SINUSITIS	5
A41.9	SEPSIS, UNSPECIFIED ORGANISM	5	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	3
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	5	C50.911	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	2
F33.1	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	4	F43.10	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	2
U07.1	COVID-19	4	H02.831	DERMATOCHALASIS OF RIGHT UPPER EYELID	2
D64.9	ANEMIA, UNSPECIFIED	3	M43.16	SPONDYLOLISTHESIS, LUMBAR REGION	2
E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	3	M54.12	RADICULOPATHY, CERVICAL REGION	2
	<b>Top 10 Denial Reasons</b>	<b>Total</b>		<b>Top 10 Denial Reasons</b>	<b>Total</b>
J19	No Clinical Info Denial	18	S11	BH ABA - Treatment Hours	4
J28	Coverage for the requested admission is denied-member does not meet criteria	4	E13	Not Medically Necessary	2
K92	Coverage for the requested admission is denied-member does not meet criteria	3	Z27	Network Adequacy Denial: No Out of Network Benefits	2
O35	Other Coverage Primary/COB (ND01)	2	O24	Plan exclusion (ND15)	1

**Aetna Life Insurance Company PPO Products**

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from xx/xx/20xx to xx/xx/20xx

<b>Inpatient Medical and Non-Medical Approvals and Denials</b>			<b>Ambulatory Medical and Non-Medical Approvals and Denials</b>		
<b>Top 10 Provider/Facility Types</b>		<b>Total</b>	<b>Top 10 Provider/Facility Types</b>		<b>Total</b>
	Acute Short Term Hospital	54		Applied Behavioral Analysis	15
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	Pediatrics	5		Cardiovascular Disease	3
	Psychiatric Hospital, Acute and Long Term	5		Internal Medicine	3
	Psychiatry, Child & Adolescent	5		Residential Treatment Facility	3
	Residential Treatment Facility	5		Surgery, Plastic	3
<b>Procedure Code</b>	<b>Top 10 Procedure Codes and Descriptions</b>	<b>Total</b>	<b>Procedure Code</b>	<b>Top 10 Procedure Codes and Descriptions</b>	<b>Total</b>
	<b>Procedure Code Description</b>			<b>Procedure Code Description</b>	
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	60
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, EACH INTE	4	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	48
63048	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; each additional vertebral segment, cervical, thor	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	44

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, INTERPRE	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	40
0042T	CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST ADMINISTRATION, INCLUDING POST-PROCESSING OF PARAMETRIC MAPS WITH EVALUATION DETERMINATION OF CEREBRAL BLOOD FLOW, CEREBRAL BLOOD VOLUME, AND MEAN TRANSIT TIME	1	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	36
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM	1	19318	BREAST REDUCTION	25
19318	BREAST REDUCTION	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	23
19380	REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-ADVANCEMENT AND/OR RE-INSET OF FLAPS IN AUTOLOGOUS RECONSTRUCTION OR SIGNIFICANT CAPSULAR REVISION COMBINED WITH SOFT TISSUE EXCISION IN IMPLANT-BASED RECONSTRUCTION)	1	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	18
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)	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

21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	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
<b>Diagnosis code</b>	<b>Top 10 Diagnosis Codes and Descriptions</b>	<b>Total</b>	<b>Diagnosis code</b>	<b>Top 10 Diagnosis Codes and Descriptions</b>	<b>Total</b>
	<b>Diagnosis Code Description</b>			<b>Diagnosis Code Description</b>	
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	96	F84.0	AUTISTIC DISORDER	155
U07.1	COVID-19	86	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHO	33
A41.9	SEPSIS, UNSPECIFIED ORGANISM	54	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	22
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	53	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	20
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	31	F41.1	GENERALIZED ANXIETY DISORDER	15
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	29	F33.1	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	14
R07.9	CHEST PAIN, UNSPECIFIED	21	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	14
K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	20	J34.2	DEVIATED NASAL SEPTUM	14
P22.9	RESPIRATORY DISTRESS OF NEWBORN, UNSPECIFIED	20	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	14
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	18	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	13
	<b>Top 10 Denial Reasons</b>	<b>Total</b>		<b>Top 10 Denial Reasons</b>	<b>Total</b>
J19	No Clinical Info Denial	215	S11	BH ABA - Treatment Hours	14
O96	Inpatient Admission Late Notification	21	E13	Not Medically Necessary	7
K79	Coverage for the requested admission is denied- member does not meet criteria	15	737	Breast Reduction: Breast Tissue Surface Area	6
O35	Other Coverage Primary/COB (ND01)	13	J19	No Clinical Info Denial	6
J28	Coverage for the requested admission is denied- member does not meet criteria	9	M82	Sinus surgery	5
L68	Precert denial of requested post-surgical admission	8	772	Not a Covered Service	4
O50	Coverage Terminated Prior to Service Dates	7	M80	Transcranial Magnetic TMS Criteria not met	4
J32	Coverage for the requested admission is denied- member does not meet criteria	7	X83	No Info Private Duty Nursing	4
K48	Coverage for the requested admission is denied- member does not meet criteria	7	Z27	Network Adequacy Denial: No Out of Network Benefits	4
801	IP Admit Denial Due to Procedure Denial (Clin)	6	O50	Coverage Terminated Prior to Service Dates	3

050	Coverage Terminated Prior to Service Dates	2	A19	Allograft denial	1
J29	Coverage for the requested admission is denied- member does not meet criteria	2	E15	Investigational/Experimental	1
Q18	Failure to Precert Procedure Denial	2	F08	Non Par	1
Z27	Network Adequacy Denial: No Out of Network Benefits	2	F57	Not a Covered Service	1
772	Not a Covered Service	1	J19	No Clinical Info Denial	1
801	IP Admit Denial Due to Procedure Denial (Clin)	1	P01	Cervical, lumbar, or thoracic lami (other than herniated disk) - (IV)	1