

Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2022 to 09/30/2022

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	49		Applied Behavioral Analysis	14
	Internal Medicine	40		Obstetrics & Gynecology	7
	Psychiatry	23		Surgery	7
	Family Practice	16		Psychiatry	6
	General Practice	11		Physical Therapist	5
	Hospitalist	8		Endocrinology, Reproductive	4
	Psychiatric Hospital, Acute and Long Term	8		Otolaryngology	4
	Obstetrics & Gynecology	7		Cardiovascular Disease	3
	Psychiatry, Child & Adolescent	7		Clinical Social Worker	3
	Surgery	7		Psychiatry, Child & Adolescent	3
				Residential Treatment Facility	3
				Urology	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	
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	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	12
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	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	11
22633	ARTHRO CMBN 1INTRSPC LUMBAR	2	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	9

22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	2	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	9
63052	LAM FACETC/FRMT ARTHRD LUM 1	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	6
63053	LAM FACTC/FRMT ARTHRD LUM EA	2	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	4
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	1	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	3
22632	SPINE FUSION, EXTRA SEGMENT	1	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	3
22634	ARTHRD CMBN 1INTRSPC EA ADDL	1	19380	REVJ RECONSTRUCTED BREAST	2
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	1	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/WO CARTILAGE GRF	2
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	1	49585	RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	2
27447	ARTHROPLASTY KNEE CONDYLE&PLATE MEDIAL&LAT COMPARTMENTS	1	52000	CYSTOURETHROSCOPY	2
32667	THORACOSCOPY W/THERA WEDGE RESECT ADDL IPSILATRL	1	52310	CYSTO W/SIMPLE REMOVAL STONE & STENT	2
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	1	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	2
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	1	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	2
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	1	93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	2
44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	1	97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	2

44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	1			
55866	LAPS PROTECT RETROPUBIC RAD W/NRV SPARING ROBOT	1			
62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	1			
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	1			
Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total	Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total
	Diagnosis Code Description			Diagnosis Code Description	
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	12	F84.0	AUTISTIC DISORDER	30
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	7	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	6
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	6	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	4
K85.90	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	6	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	4
F29	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	5	N97.9	Female infertility, unspecified	4
F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	4	F41.9	ANXIETY DISORDER, UNSPECIFIED	2
F33.9	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	4	F99	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	2
I61.9	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	4	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	2
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	4	J32.0	CHRONIC MAXILLARY SINUSITIS	2
R10.9	UNSPECIFIED ABDOMINAL PAIN	4	K42.9	Umbilical hernia without obstruction or gangrene	2
			N20.0	CALCULUS OF KIDNEY	2
			Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	2
	Top 10 Denial Reasons	Total		Top 10 Denial Reasons	Total
	No Clinical Info Denial	22		Behavioral Health ABA - Treatment Hours	2
	Inpatient Admission Late Notification	2		Network Adequacy Denial: No Out of Network Benefits	2
	Precert denial of requested post-surgical admission	2		Infertility: PGT-A	1
	Coverage termed during IP stay or ambulatory event	1		Network Adequacy Denial	1
	IP Admit Denial Due to Procedure Denial	1		Investigational/Experimental	1
	LOCUS Inpatient	1		Cervical laminectomy and/or ACDF	1
	Lumbar laminectomy for herniated disc	1			

Lumbar spinal fusion - spinal stenosis	1		
Gastroenteritis - Coverage for the requested admission is denied - member does not meet criteria	1		
Head and Neck Disease - Coverage for the requested admission is denied - member does not meet criteria	1		
Heart Failure/ Congestive - Coverage for the requested admission is denied - member does not meet criteria	1		
Hepatitis/Liver disease complicated - male/non child-bearing - Coverage for the requested admission is denied - member does not meet criteria	1		
Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	1		
Rhabdomyolysis - Coverage for the requested admission is denied - member does not meet criteria	1		
Syncope - Coverage for the requested admission is denied - member does not meet criteria	1		
Urinary Tract Infection/ Pyelonephritis -adult non pregnant- Coverage for the requested admission is denied - member does not meet criteria	1		
Not Medically Necessary	1		
Network Adequacy Denial: No Out of Network Benefits	1		

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2022 to 09/30/2022

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		657	Applied Behavioral Analysis		91
Internal Medicine		351	Acute Short Term Hospital		80
Psychiatry		118	Psychiatry		47
Surgery		82	Ambulatory Surgicenter		44
Family Practice		79	Surgery, Orthopedic		38
Pediatrics		56	Surgery, Plastic		30
Obstetrics & Gynecology		55	Surgery		29
Children's Hospital		38	Otolaryngology		27
General Practice		36	Surgery, General Vascular		18
Surgery, Orthopedic		31	Surgery, Neurological		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	
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)	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	48
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	4	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	39
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	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	39

43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	3	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	29
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	3	19318	BREAST REDUCTION	22
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	3	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	20
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	3	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	17
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	3	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	14
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS	2	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	13
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	2	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	12
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	2	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	12
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	2			

30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	2			
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	2			
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	2			
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	2			
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			
	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	78	F84.0	AUTISTIC DISORDER	153
A41.9	SEPSIS, UNSPECIFIED ORGANISM	56	F10.20	Alcohol dependence, uncomplicated	23
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	42	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	23
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	34	I87.2	Venous insufficiency (chronic) (peripheral)	19
K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	33	N62	Hypertrophy of breast	18
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	32	F41.1	GENERALIZED ANXIETY DISORDER	18
R10.9	UNSPECIFIED ABDOMINAL PAIN	30	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	16
K85.90	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	29	M17.11	Unilateral primary osteoarthritis, right knee	16
R07.9	CHEST PAIN, UNSPECIFIED	29	J32.0	Chronic maxillary sinusitis	15
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	27	M54.16	Radiculopathy, lumbar region	13
	Top 10 Denial Reasons	Total		Top 10 Denial Reasons	Total
	No Clinical Info Denial	235		Behavioral Health ABA - Treatment Hours	11
	Inpatient Admission Late Notification	21		Network Adequacy Denial: No Out of Network Benefits	9
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	18		No Clinical Info Denial	7

Coverage Terminated Prior to Service Dates	13	Breast Reduction: Breast Tissue Surface Area	6
Failure to Precert Procedure Denial	13	Not Medically Necessary	4
Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	10	No Info PDN	4
Other Coverage Primary/COB	10	Plan exclusion	4
Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	9	Cosmetic Surgery	3
Precert denial of requested post-surgical admission	6	Coverage Terminated Prior to Service Dates	3
Coverage termed during Inpatient stay or ambulatory event	5	Endoscopic sinus surgery and balloon sinuplasty	3
DRG Continuation of Recent Admission	5	Lumbar laminectomy for herniated disc	3
Inpatient Admit Denial Due to Procedure Denial	5	Not a Covered Service	3
Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	5	Primary Total Knee Arthroplasty	3
Cardiology - Coverage for the requested admission is denied - member does not meet criteria	5	Sinus surgery	3
Not Medically Necessary	5	Spine cages for cervical fusion	3