

Aetna Texas 2021 Utilization Review Data

Inpatient outpatient	Procedure Code	Procedure Description	Specialty Provider	Diagnosis/Indication Description	Approved	Denied	Denial Reason	Overturned
Inpatient Hospital	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMEN	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WI TH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MA JOR MUSCLE	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurologic al	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			

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Inpatient Hospital	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)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22632	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			

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Inpatient Hospital	23405	TENOMYOTOMY SHOULDER AREA SINGLE TENDON	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital	27447	TOTAL KNEE ARTHROPLASTY	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital	33259	ATRIA ABLATE &RCNSTJ W OTHER PX EXTENSIVE W	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	33530	REOPERATION, CORONARY ARTEY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM; WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			

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Inpatient Hospital	35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR,) ARTERY; NECK (EG, CAROTID, SUBCLAVIAN)	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	37211	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY OR INTRACRANIAL, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INITIAL TREATMENT DAY	Surgery	CHRONIC EMBOLISM AND THROMBOSIS OF INFERIOR VENA CAVA	1			
Inpatient Hospital	37211	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY OR INTRACRANIAL, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INITIAL TREATMENT DAY	Surgery	CHRONIC EMBOLISM AND THROMBOSIS OF INFERIOR VENA CAVA	1			
Inpatient Hospital	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN DEEP AXILLARY NODES	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	38531	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INGUINOFEMORAL NODE(S)	Surgery	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital	38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	38745	AXILLARY LYMPHADENECTOMY; COMPLETE	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	General Practice	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL;COLECTOMY,PARTIAL, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	General Practice	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	47100	BIOPSY OF LIVER, WEDGE (SEPARATE PROCEDURE)	Surgery	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Surgery	OTHER SPECIFIED DISEASES OF LIVER	1			

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Inpatient Hospital	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Surgery	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	Surgery	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital	47600	CHOLECYSTECTOMY;	Surgery	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	GROSS HEMATURIA	1			
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Surgery	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	GROSS HEMATURIA	1			
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Surgery	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Surgery	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Surgery	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			

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Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Skilled Nursing Facility/Inpatient			Family Practice	TRAUMATIC SUBARACHNOID HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Skilled Nursing Facility/Inpatient			Family Practice	DORSALGIA, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	ENCEPHALOPATHY, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA		1	Medical Necessity	
Inpatient Hospital	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	S2066	BREAST RECONSTRUCTION WITH GLUTEAL ARTERY PERFORATOR (GAP) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEPP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING T	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	WEAKNESS	1			
Inpatient Hospital			Neuromuscular Medicine Physical Medicine & Rehab	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED INTRACRANIAL ARTERY	1			

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Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Orthopedic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	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)	Surgery, Orthopedic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			

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outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	UNSPECIFIED KYPHOSIS, CERVICAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			

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outpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	UNSPECIFIED KYPHOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	UNSPECIFIED KYPHOSIS, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	UNSPECIFIED KYPHOSIS, CERVICAL REGION	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			

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outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	UNSPECIFIED KYPHOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	UNSPECIFIED KYPHOSIS, CERVICAL REGION	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP		1	Medical Necessity	
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			

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outpatient	30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	36475	ENDOGENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOGENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOGENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH ULCER OF CALF	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	General Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)	Surgery, Oral & Macillofacial	CLEFT LIP, UNILATERAL	1			
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Unknown Code	PREGNANT STATE, INCIDENTAL	1			
outpatient	59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Unknown Code	PREGNANT STATE, INCIDENTAL	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	64447	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; FEMORAL NERVE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Unknown Code	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTEROL, SERUM, TOTAL (82465) LIPOPROTEIN, DIRECT MEASUREMENT, HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) (83718) TRIGLYCERIDES (84478)	Unknown Code	METABOLIC SYNDROME	1			
outpatient	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED	Unknown Code	METABOLIC SYNDROME	1			
outpatient	82607	CYANOCOBALAMIN (VITAMIN B-12);	Unknown Code	METABOLIC SYNDROME	1			
outpatient	82728	FERRITIN	Unknown Code	METABOLIC SYNDROME	1			
outpatient	83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	Unknown Code	METABOLIC SYNDROME	1			
outpatient	84439	THYROXINE, FREE	Unknown Code	METABOLIC SYNDROME	1			
outpatient	84443	THYROID STIMULATING HORMONE (TSH)	Unknown Code	METABOLIC SYNDROME	1			
outpatient	84481	TRIDOTHYRONINE (T-3); FREE	Unknown Code	METABOLIC SYNDROME	1			
outpatient	85025	BLOOD COUNT; COMPLETE (CBC)K AUTOMATED (HGB, HCT, RBC, WBC, AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	Unknown Code	METABOLIC SYNDROME	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			

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outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Epilepsy	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Epilepsy	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Unknown Code	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC		1	Medical Necessity	
outpatient	97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	Unknown Code	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC		1	Medical Necessity	
outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Unknown Code	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC		1	Medical Necessity	
outpatient	97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS	Unknown Code	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC		1	Medical Necessity	

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outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	FEEDING DIFFICULTIES	1			
outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	FEEDING DIFFICULTIES	1			
outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC		1	Medical Necessity	
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	UNSPECIFIED OPEN WOUND OF UNSPECIFIED BACK WALL OF THORAX WITHOUT PENETRATION INTO THORACIC CAVITY, SUBSEQUENT ENCOUNTER	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	UNSPECIFIED OPEN WOUND OF UNSPECIFIED BACK WALL OF THORAX WITHOUT PENETRATION INTO THORACIC CAVITY, SUBSEQUENT ENCOUNTER	1			
outpatient	99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	Unknown Code	PREGNANT STATE, INCIDENTAL	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	UNSPECIFIED OPEN WOUND OF UNSPECIFIED BACK WALL OF THORAX WITHOUT PENETRATION INTO THORACIC CAVITY, SUBSEQUENT ENCOUNTER	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	UNSPECIFIED OPEN WOUND OF UNSPECIFIED BACK WALL OF THORAX WITHOUT PENETRATION INTO THORACIC CAVITY, SUBSEQUENT ENCOUNTER	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	BINGE EATING DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	BINGE EATING DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	BINGE EATING DISORDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Physical Medicine & Rehabilitation	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Physical Medicine & Rehabilitation	ALCOHOL DEPENDENCE, UNCOMPLICATED		1	Medical Necessity	
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Otolaryngology	IDIOPATHIC OROFACIAL DYSTONIA	1			

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	CHRONIC KIDNEY DISEASE, STAGE 5	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	CHRONIC KIDNEY DISEASE, STAGE 5	1			
outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	IMMUNE THROMBOCYTOPENIC PURPURA	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Pediatric Hematology-Oncology	IMMUNE THROMBOCYTOPENIC PURPURA	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Rheumatology	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Rheumatology	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatric Allergy & Immunology	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatric Allergy & Immunology	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISOR OR SYNVISOR-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Unknown Code	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5620	S/A L5618,BELOW KNEE	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5940	(TITANIUM, CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			

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outpatient	L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L8400	PROSTHETIC SHEATH,BELOW KNEE,EACH	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L8440	PROSTHETIC SHRINKER,BELOW KNEE,EACH	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF RIGHT OVARY	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Neurology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Hematology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Hematology/Oncology	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ACUTE STRESS REACTION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION O	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATI	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LO	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			

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outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			

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outpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEPP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING T	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	23395	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Surgery, Colon & Rectal	ANAL FISSURE, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
outpatient	90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			

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outpatient	99354	PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY PROCEDURE) IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Unknown Code	ACUTE STRESS REACTION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	OTHER SPECIFIED PERSISTENT MOOD DISORDERS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE- DETERMINATION WITH DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	RADIATION SICKNESS, UNSPECIFIED, SEQUELA	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Surgery	RADIATION SICKNESS, UNSPECIFIED, SEQUELA	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	PAIN DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
outpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	PAIN DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Neurology	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	1			
outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Pediatric Neurology	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

Aetna Texas 2021 Utilization Review Data

outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			
outpatient	90785	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			

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outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Allergy/Immunology	ANTIBODY DEFICIENCY WITH NEAR-NORMAL IMMUNOGLOBULINS OR WITH HYPERIMMUNOGLOBULINEMIA	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTOSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Unknown Code	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Unknown Code	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	Neurology	UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1			

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outpatient	A0425	GROUND MILEAGE, PER STATUTE MILE	Neurology	UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1			
outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Nephrology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QU	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS		1	Medical Necessity	
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS		1	Medical Necessity	
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS		1	Medical Necessity	
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS		1	Medical Necessity	
outpatient	99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSI	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS		1	Medical Necessity	

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outpatient	99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS		1	Medical Necessity	
outpatient	99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIAN	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA	1			
outpatient	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA	1			
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			

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outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	GENERALIZED ANXIETY DISORDER	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			

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outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			

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outpatient	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	Surgery, Neurological	OTHER SPECIFIED DORSOPATHIES, SITE UNSPECIFIED		1	Medical Necessity	
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			

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outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Pediatric Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Internal Medicine	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	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	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			

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outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			

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outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Rheumatology	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	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	Neurology	OTHER SEIZURES	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Hematology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Hematology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	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)	Neurology	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	DISORIENTATION, UNSPECIFIED	1			
outpatient	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	DISORIENTATION, UNSPECIFIED	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SITE	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	CERVICALGIA	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Pediatric Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM		1	Medical Necessity	
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM		1	Medical Necessity	
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	15822	BLEPHAROPLASTY, UPPER EYELID;	Surgery, Plastic	DERMATOCHALASIS OF RIGHT UPPER EYELID		1	Medical Necessity	
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Surgery, Plastic	DERMATOCHALASIS OF RIGHT UPPER EYELID		1	Medical Necessity	
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	CANNABIS DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	CANNABIS DEPENDENCE, UNCOMPLICATED	1			

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outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	RETINAL NEOVASCULARIZATION, UNSPECIFIED, LEFT EYE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	Ophthalmology	UNSPECIFIED VISUAL DISTURBANCE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISc OR SYNVISc-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			

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outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Neurology	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	General Practice - Dental	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE- DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	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	Pediatric Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			

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outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH ANXIETY	1			
outpatient	90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	Unknown Code	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1			
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Family Practice	UNSPECIFIED FRACTURE OF SHAFT OF UNSPECIFIED TIBIA, SEQUELA		1	Medical Necessity	
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Family Practice	UNSPECIFIED FRACTURE OF SHAFT OF UNSPECIFIED TIBIA, SEQUELA		1	Medical Necessity	
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	OTHER PSORIATIC ARTHROPATHY	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Unknown Code	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	Unknown Code	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE	Unknown Code	CONVERGENCE INSUFFICIENCY		1	Medical Necessity	
outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	CONVERGENCE INSUFFICIENCY		1	Medical Necessity	
outpatient	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE INITIAL 30 MINUTES	Unknown Code	CONVERGENCE INSUFFICIENCY		1	Medical Necessity	
outpatient	92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, RESTRICTIVE OR PARETIC MUSCLE WITH DIPLOPIA) WITH INTERPRETATION AND REPORT (SEPARATE PROCEDURE)	Unknown Code	CONVERGENCE INSUFFICIENCY		1	Medical Necessity	
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Unknown Code	CONVERGENCE INSUFFICIENCY		1	Medical Necessity	
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Oncology, Medical	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			

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outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF OTHER INTERNAL ORTHOPEDIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	DIZZINESS AND GIDDINESS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, THIRD TRIMESTER	1			
outpatient	59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, THIRD TRIMESTER	1			
outpatient	59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, THIRD TRIMESTER	1			

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outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, THIRD TRIMESTER	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	SUBACUTE COMBINED DEGENERATION OF SPINAL CORD IN DISEASES CLASSIFIED ELSEWHERE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			

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outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Pediatrics	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MIXED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MIXED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
outpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19364	BREAST RECONSTRUCTION; WITH FREE FLAP (EG, FTRAM, DIEP, SIEA, GAP FLAP)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1			
outpatient	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	Urology	TRANSSEXUALISM	1			
outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Urology	TRANSSEXUALISM	1			
outpatient	54405	INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND RESERVOIR	Urology	TRANSSEXUALISM	1			
outpatient	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Urology	TRANSSEXUALISM	1			
outpatient	54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE);	Urology	TRANSSEXUALISM	1			
outpatient	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	Urology	TRANSSEXUALISM	1			

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outpatient	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	Urology	TRANSSEXUALISM	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY LOCAL)	Surgery	BASAL CELL CARCINOMA OF ANAL SKIN		1	Medical Necessity	
outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery	BASAL CELL CARCINOMA OF ANAL SKIN		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	1			
outpatient	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	Unknown Code	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT THIGH	1			

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outpatient	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	Unknown Code	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT THIGH	1			
outpatient	E0731	FORM-FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THR PATIENT'S SKIN BY LAYERS OF FABRIC)	Unknown Code	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT THIGH	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	IRREGULAR MENSTRUATION, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	IRREGULAR MENSTRUATION, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	IRREGULAR MENSTRUATION, UNSPECIFIED	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	IRREGULAR MENSTRUATION, UNSPECIFIED		1	Medical Necessity	
outpatient	99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSI	Neurology	PARESTHESIA OF SKIN		1		
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Pediatric Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
outpatient	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD	1			
outpatient	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	Obstetrics & Gynecology	POSTMENOPAUSAL BLEEDING	1			
outpatient	58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	Obstetrics & Gynecology	POSTMENOPAUSAL BLEEDING	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Infectious Disease	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	UNSPECIFIED FRACTURE OF UPPER END OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	CONGENITAL PTOSIS	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Family Practice	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	1			

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outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	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)	Oncology	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	LOCALIZED EDEMA	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			

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outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	RETINAL NEOVASCULARIZATION, UNSPECIFIED, LEFT EYE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Pain Management	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Infectious Disease	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN		1	Medical Necessity	
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN		1	Medical Necessity	
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN		1	Medical Necessity	
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	1			

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outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	Unknown Code	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN THE TRUNK OR HEAD	Unknown Code	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS.	Unknown Code	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	

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outpatient	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LE	Unknown Code	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	Unknown Code	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	95868	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; BILATERAL	Unknown Code	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD	Unknown Code	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	Unknown Code	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Medical Genetics	UNSPECIFIED CONVULSIONS	1			
outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Pediatric Medical Genetics	UNSPECIFIED CONVULSIONS	1			
outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	1			

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outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J1930	INJECTION, LANREOTIDE, 1 MG	Hematology /Oncology	OTHER MALIGNANT NEUROENDOCRINE TUMORS	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	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)	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	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	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	22224	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			

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outpatient	22855	REMOVAL OF ANTERIOR INSTRUMENTATION (EG, DWYER DEVICE)	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Unknown Code	ANTIBODY DEFICIENCY WITH NEAR-NORMAL IMMUNOGLOBULINS OR WITH HYPERIMMUNOGLOBULINEMIA	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			

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outpatient	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	Surgery, Oral & Macillofacial	UNSPECIFIED CYST OF JAW	1			
outpatient	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	Surgery, Oral & Macillofacial	UNSPECIFIED CYST OF JAW	1			

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outpatient	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	Surgery, Oral & Macillofacial	UNSPECIFIED CYST OF JAW		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	OTHER INSTABILITY, RIGHT HIP	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Unknown Code	LOW BACK PAIN		1		
outpatient	97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES I	Unknown Code	LOW BACK PAIN		1		

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outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Unknown Code	LOW BACK PAIN		1		
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF BILATERAL LOWER EXTREMITY	1			
outpatient	H2035	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER HOUR	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Emergency Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Emergency Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			

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outpatient	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	63075	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, SINGLE INTERSPACE	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	63076	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR II DISORDER	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	Obstetrics & Gynecology	UNSPECIFIED COMPLICATION OF GENITOURINARY PROSTHETIC DEVICE, IMPLANT AND GRAFT, SUBSEQUENT ENCOUNTER	1			
outpatient	64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE	Obstetrics & Gynecology	UNSPECIFIED COMPLICATION OF GENITOURINARY PROSTHETIC DEVICE, IMPLANT AND GRAFT, SUBSEQUENT ENCOUNTER	1			
outpatient	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	Obstetrics & Gynecology	UNSPECIFIED COMPLICATION OF GENITOURINARY PROSTHETIC DEVICE, IMPLANT AND GRAFT, SUBSEQUENT ENCOUNTER	1			
outpatient	64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	Obstetrics & Gynecology	UNSPECIFIED COMPLICATION OF GENITOURINARY PROSTHETIC DEVICE, IMPLANT AND GRAFT, SUBSEQUENT ENCOUNTER	1			

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outpatient	64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PUL SE	Obstetrics & Gynecology	UNSPECIFIED COMPLICATION OF GENITOURINARY PROSTHETIC DEVICE, IMPLANT AND GRAFT, SUBSEQUENT ENCOUNTER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Family Practice	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology & Psychiatry	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology & Psychiatry	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Physical Medicine & Rehabilitation	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN		1	Medical Necessity	
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Orthopedic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Orthopedic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR II DISORDER	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatrics	IDIOPATHIC URTICARIA	1			
outpatient	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	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			

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outpatient	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	22633	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; LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			

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outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS		1	Medical Necessity	
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSSE, 1MG	Infectious Disease	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR II DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR II DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR II DISORDER	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	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	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1			
outpatient	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)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1			

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outpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
outpatient	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN		1	Medical Necessity	yes
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	CORTICAL AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Neurology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, BILATERAL, WITH MACULAR EDEMA	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATION; WITHOUT MASTOIDECTOMY	Otolaryngology	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	ERYTHEMA INTERTRIGO	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	19316	MASTOPEXY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	OTHER SEIZURES	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE ANALYSIS)	Neurology	OTHER SEIZURES	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	OTHER SPECIFIED DORSOPATHIES, SITE UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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outpatient	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
outpatient	22633	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; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	22633	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; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes

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outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
outpatient	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)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	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)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
outpatient	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Perinatology	SUPERVISION OF PREGNANCY WITH HISTORY OF PRE-TERM LABOR, SECOND TRIMESTER	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	1			
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes

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outpatient	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	

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outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	ENCEPHALOPATHY, UNSPECIFIED	1			
outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Neurology	ENCEPHALOPATHY, UNSPECIFIED	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	ENCEPHALOPATHY, UNSPECIFIED	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	71270	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	1			

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outpatient	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	Surgery, Oral & Macillofacial	JAW PAIN		1	Medical Necessity	
outpatient	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	Surgery, Oral & Macillofacial	JAW PAIN		1	Medical Necessity	yes
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH DISTURBANCE OF CONDUCT	1			
outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Ophthalmology	BROW PTOSIS, BILATERAL	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Unknown Code	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			

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outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otology/Neurotology	CHRONIC PANSINUSITIS	1			
outpatient	95868	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; BILATERAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			

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outpatient	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	95822	ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS.	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIES	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LE	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	51785	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Physical Medicine & Rehabilitation	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1			
outpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Ophthalmology	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	LOBULAR CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	LOBULAR CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	LOBULAR CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Critical Care Medicine	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Plastic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Plastic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology/Oncology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	19318	BREAST REDUCTION	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Neurology	STIFF-MAN SYNDROME	1			
outpatient	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Obstetrics & Gynecology	SUPERVISION OF PREGNANCY WITH HISTORY OF PRE-TERM LABOR, SECOND TRIMESTER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT MELANOMA OF UNSPECIFIED LOWER LIMB, INCLUDING HIP	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Infectious Disease	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	yes
outpatient	21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	Surgery, Oral & Macillofacial	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE		1	Medical Necessity	
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION)	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Oncology, Medical	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Unknown Code	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Unknown Code	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	J9395	INJECTION, FULVESTRANT, 25 MG	Unknown Code	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Physical Medicine & Rehabilitation	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	S4035	STIMULATED INTRAUTERIN INSEMINATION (IUI), CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Unknown Code	PAIN IN RIGHT KNEE	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Emergency Medicine	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	J9155	INJECTION, DEGARELIX, 1 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Unknown Code	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	

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outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Unknown Code	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Unknown Code	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Unknown Code	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	29848	ENDOSCOPY, WRIST, SURGICAL WITH RELEASE OF TRANVERSE CARPAL LIGAMENT (FOR OPEN PROCEDURE SEE 64721)	Surgery, Orthopedic	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPONDYLOLYSIS, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	SPONDYLOLYSIS, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLYSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLYSIS, CERVICAL REGION	1			

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outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLYSIS, CERVICAL REGION	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	93303	THANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMOLIES; COMPLETE	Pediatric Cardiology	COMMON ARTERIAL TRUNK	1			
outpatient	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE	Pediatric Cardiology	COMMON ARTERIAL TRUNK	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Pediatric Cardiology	COMMON ARTERIAL TRUNK	1			

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outpatient	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	Pediatric Cardiology	COMMON ARTERIAL TRUNK	1			
outpatient	93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT	Pediatric Cardiology	COMMON ARTERIAL TRUNK	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
outpatient	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
outpatient	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology	IRON DEFICIENCY	1			
outpatient	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	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			

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outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF RIGHT LOWER EXTREMITY	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF RIGHT LOWER EXTREMITY	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Family Practice	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF RIGHT LOWER EXTREMITY	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF RIGHT LOWER EXTREMITY	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Family Practice	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF RIGHT LOWER EXTREMITY	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF RIGHT LOWER EXTREMITY	1			

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outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery, Plastic	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Surgery, Plastic	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF ABDOMEN	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF ABDOMEN	1			
outpatient	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	Anesthesiology	LOW BACK PAIN	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Anesthesiology	LOW BACK PAIN	1			

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outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Anesthesiology	LOW BACK PAIN	1			
outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurologic al	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Unknown Code	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Nephrology	ANEMIA, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE	Unknown Code	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, NOT APPLICABLE OR UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLVEMENT UNSPECIFIED	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE F	Surgery, Thoracic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, Thoracic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Ophthalmology	CLONIC HEMIFACIAL SPASM, RIGHT	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Ophthalmology	CLONIC HEMIFACIAL SPASM, RIGHT	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Ophthalmology	CLONIC HEMIFACIAL SPASM, RIGHT	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Ophthalmology	CLONIC HEMIFACIAL SPASM, RIGHT	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	OTHER DORSALGIA		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	OTHER DORSALGIA		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otorhinology & Oro-Facial Plastic Surgery	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otorhinology & Oro-Facial Plastic Surgery	CHRONIC PANSINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otorhinology & Oro-Facial Plastic Surgery	CHRONIC PANSINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Unknown Code	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	65820	GONIOTOMY	Unknown Code	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	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	Neurology	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	PAIN IN LEFT HIP	1			

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outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	PAIN IN LEFT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	PAIN IN LEFT HIP	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Neurology & Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	PARESTHESIA OF SKIN	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	Surgery, Oral & Maxillofacial	UNSPECIFIED ATROPHY OF EDENTULOUS ALVEOLAR RIDGE	1			
outpatient	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	Surgery, Oral & Maxillofacial	UNSPECIFIED ATROPHY OF EDENTULOUS ALVEOLAR RIDGE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	1	Medical Necessity	
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF PROSTATE	1			

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outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION	1			
outpatient	15822	BLEPHAROPLASTY, UPPER EYELID;	Ophthalmology	LACERATION WITHOUT FOREIGN BODY OF RIGHT EYELID AND PERIOCCULAR AREA, SUBSEQUENT ENCOUNTER	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Cardiology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Cardiology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Unknown Code	UNSPECIFIED INJURY OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1	1	Medical Necessity	
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Family Practice	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Internal Medicine	SNORING	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			

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outpatient	89258	CRYOPRESERVATION; EMBRYO	Unknown Code	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Unknown Code	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Unknown Code	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Unknown Code	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatrics	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			

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outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	1			
outpatient	23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	Surgery, Orthopedic	NONDISPLACED FRACTURE OF ACROMIAL PROCESS, RIGHT SHOULDER, SEQUELA	1			
outpatient	90785	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION INVENTORY, ATTENTION-DEFICIT/HYPERACTIVITY DISORDER [ADHD] SCALE), WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Retinal Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	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	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	CHRONIC PAIN SYNDROME	1	1		
outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Anesthesiology	CHRONIC PAIN SYNDROME	1	1		
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC PANSINUSITIS	1	1	Medical Necessity	
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1	1	Medical Necessity	
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1	1	Medical Necessity	
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC PANSINUSITIS	1	1	Medical Necessity	

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outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR GREATER	Surgery	LOCALIZED SWELLING, MASS AND LUMP, NECK	1			
outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic	DISPROPORTION OF RECONSTRUCTED BREAST	1			
outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	DISPROPORTION OF RECONSTRUCTED BREAST	1			
outpatient	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery, Plastic	DISPROPORTION OF RECONSTRUCTED BREAST	1			
outpatient	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)	Surgery, Plastic	DISPROPORTION OF RECONSTRUCTED BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	DISPROPORTION OF RECONSTRUCTED BREAST	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION)	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Pediatric Hematology-Oncology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	59515	CESAREAN DELIVERY ONLY INCLUDING POSTPARTUM CARE	Obstetrics & Gynecology	SUPERVISION OF HIGH RISK PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	CHRONIC PAIN SYNDROME	1			
outpatient	01935	ANESTHESIA PERQ IMG GID SPINE DIAGNOSTIC	Pain Management	CHRONIC PAIN SYNDROME	1			
outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Pain Management	CHRONIC PAIN SYNDROME	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	CHRONIC PAIN SYNDROME	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic	PANNICULITIS, UNSPECIFIED	1	1	Medical Necessity	
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	1	Medical Necessity	
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1			
outpatient	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	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Hematology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1	1	Medical Necessity	
outpatient	21139	REDUCTION FOREHEAD; CONTOURING ONLY CONTOURING AND SET BACK OF ANTERIOR FRONTAL SINUS WALL	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1	1	Medical Necessity	
outpatient	21122	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL) SLIDING OSTEOTOMIES, TWO OR MORE OSTEOMIES(EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1	1	Medical Necessity	
outpatient	21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERNATION (EG, PLAGIOCEPHALY, TRIGONOCEPHALY, BRACHYCEPHALY), WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1	1	Medical Necessity	
outpatient	21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INCLUDESOBTAINING AUTOGRAFTS)	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1	1	Medical Necessity	

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outpatient	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)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1	1	Medical Necessity	
outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1	1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1	1	Medical Necessity	
outpatient	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1	1	Medical Necessity	
outpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1	1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1	1	Medical Necessity	
outpatient	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	Surgery, Oral & Macillofacial	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	1			
outpatient	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatric Rheumatology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	1	Medical Necessity	
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	1	Medical Necessity	

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outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Surgery, Plastic and Reconstructive	CHRONIC PANSINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Surgery, Plastic and Reconstructive	CHRONIC PANSINUSITIS	1			

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outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Otolaryngology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Otolaryngology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP		1	Medical Necessity	
outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP		1	Medical Necessity	
outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP		1	Medical Necessity	
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	yes
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Hematology/Oncology	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Family Practice	OTHER IRON DEFICIENCY ANEMIAS	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	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	Neurology	OTHER SEIZURES	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF ABDOMEN	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	1			

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outpatient	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	General Practice - Dental	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	
outpatient	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	General Practice - Dental	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unknown Code	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Unknown Code	MALIGNANT NEOPLASM OF PROSTATE	1			

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outpatient	21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	Surgery, Oral & Macillofacial	ARTICULAR DISC DISORDER OF TEMPOROMANDIBULAR JOINT, UNSPECIFIED SIDE	1			
outpatient	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTH	Surgery, Oral & Macillofacial	ARTICULAR DISC DISORDER OF TEMPOROMANDIBULAR JOINT, UNSPECIFIED SIDE		1	Medical Necessity	
outpatient	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			

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outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Family Practice	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Family Practice	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Urology	CALCULUS OF URETER	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95708	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95719	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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J3590	UNCLASSIFIED BIOLOGICS	Dermatology	PSORIASIS VULGARIS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Unknown Code	VENTRICULAR SEPTAL DEFECT	1			

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outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	VENTRICULAR SEPTAL DEFECT	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Unknown Code	MULTIPLE SCLEROSIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	RADICULOPATHY, LUMBAR REGION	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95724	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	L2200	ADD TO LOWER EXT,LIMITED ANKLE MOTION	Unknown Code	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE	1			

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outpatient	L2270	PADDED/LINED OR MALLEOLUS PAD ADD TO LOWER EXT,VARUS/VALGUS CORRECTION	Unknown Code	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE	1			
outpatient	L2275	MODIFICATION, PADDED/LINED ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC	Unknown Code	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE	1			
outpatient	L2280	ADD TO LOWER EXT,MOLDED INNER BOOT	Unknown Code	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE	1			
outpatient	L2820	PLASTIC, BELOW KNEE SECTION ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED	Unknown Code	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE	1			
outpatient	L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	Unknown Code	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE	1			
outpatient	L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	Unknown Code	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE	1			
outpatient	L8614	COCHLEAR DEVICE/SYSTEM	Otology/Neurotology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otology/Neurotology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Child Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Child Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Child Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Child Psychiatry	GENERALIZED ANXIETY DISORDER	1			

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outpatient	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Child Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Child Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Sports Medicine	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Sports Medicine	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Internal Medicine	AMYLOIDOSIS, UNSPECIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE		1	Medical Necessity	

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outpatient	J0641	INJECTION, LEVOLEUCOVORIN, 0.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Rheumatology	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	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	Neurology	OTHER SEIZURES	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	NEUTROPENIA, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Anesthesiology, Hospice and Palliative Care	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	99354	PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE TIME OF THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR OUTPATIENT EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE, EXCEPT WITH OFFICE OR	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			

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outpatient	90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
outpatient	99354	PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE TIME OF THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR OUTPATIENT EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE, EXCEPT WITH OFFICE OR	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
outpatient	90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Infectious Disease	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
outpatient	29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	Pediatric Orthopedic	OTHER EXTRAARTICULAR FRACTURE OF LOWER END OF LEFT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			

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outpatient	A4590	SPECIAL CASTING MATERIALS, HEXCELITE AND LIGHT CAST	Pediatric Orthopedic	OTHER EXTRAARTICULAR FRACTURE OF LOWER END OF LEFT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
outpatient	99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE SURGICAL PACKAGE, TO INDICATE THAT AN EVALUATION AND MANAGEMENT SERVICE WAS PERFORMED DURING A POSTOPERATIVE PERIOD FOR A REASON(S) RELATED TO THE ORIGINAL PROCEDURE	Pediatric Orthopedic	OTHER EXTRAARTICULAR FRACTURE OF LOWER END OF LEFT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
outpatient	73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	Pediatric Orthopedic	OTHER EXTRAARTICULAR FRACTURE OF LOWER END OF LEFT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Pain Management	POLYNEUROPATHY, UNSPECIFIED	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Hematology/Oncology	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Hematology/Oncology	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION	1			
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1			
outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Unknown Code	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Sports Medicine	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1			
outpatient	J1745	INJECTION, INFILIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology	MALIGNANT NEOPLASM OF RECTUM	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Pediatrics	DYSTONIA, UNSPECIFIED	1			
outpatient	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Pediatrics	DYSTONIA, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			

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outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Oncology, Gynecologic	MALIGNANT NEOPLASM OF RIGHT OVARY	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	General Practice	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Unknown Code	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Unknown Code	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	OTHER CHRONIC SINUSITIS		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS		1	Medical Necessity	
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITH STATUS EPILEPTICUS	1			

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outpatient	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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTI ON, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Surgery, Plastic	BLEPHAROCHALASIS UNSPECIFIED EYE, UNSPECIFIED EYELID	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			
outpatient	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 84 HOURS OF EEG RE	Clinical Neurophysiology	SYNCOPE AND COLLAPSE	1			
outpatient	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	Clinical Neurophysiology	SYNCOPE AND COLLAPSE	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Clinical Neurophysiology	SYNCOPE AND COLLAPSE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	UNSPECIFIED PTOSIS OF RIGHT EYELID	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	

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outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	EXPOSURE TO OTHER IONIZING RADIATION, INITIAL ENCOUNTER	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Surgery	EXPOSURE TO OTHER IONIZING RADIATION, INITIAL ENCOUNTER	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	CERVICALGIA		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	CERVICALGIA		1	Medical Necessity	
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	1			

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outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MIXED, MODERATE	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Urological	TRANSSEXUALISM	1			
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Urological	TRANSSEXUALISM	1			
outpatient	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Allergy & Immunology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK; NOT REQUIRING LAMINECTOMY	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Unknown Code	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	Unknown Code	CONDUCTIVE HEARING LOSS, BILATERAL	1			

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outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Unknown Code	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Unknown Code	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Unknown Code	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Family Practice	OTHER SPECIFIED DISORDERS OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	21142	RECONSTRUCTION MIDFACE, LEFORT I;TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	NEUTROPENIA, UNSPECIFIED	1			

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outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, NOT APPLICABLE OR UNSPECIFIED	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, NOT APPLICABLE OR UNSPECIFIED	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	21142	RECONSTRUCTION MIDFACE, LEFORT I;TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Internal Medicine	IDIOPATHIC URTICARIA	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES		1	Medical Necessity	

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outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Allergy & Immunology	ANTIBODY DEFICIENCY WITH NEAR-NORMAL IMMUNOGLOBULINS OR WITH HYPERIMMUNOGLOBULINEMIA	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	21141	RECONSTRUCTION MIDFACE, LEFORT I;SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA		1	Medical Necessity	
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, THIRD TRIMESTER		1		
outpatient	59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, THIRD TRIMESTER		1		
outpatient	G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	Gastroenterology	Hepatic fibrosis, unspecified	1			

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outpatient	G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	Gastroenterology	Hepatic fibrosis, unspecified	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS		1	Medical Necessity	
outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology, Gynecologic	OTHER DRUG-INDUCED AGRANULOCYTOSIS	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Unknown Code	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			

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outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	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)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	V2623	PROSTHETIC,EYE,PLASTIC,CUSTOM	General Practice	ENCOUNTER FOR FITTING AND ADJUSTMENT OF ARTIFICIAL RIGHT EYE	1			
outpatient	S4021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89346	STORAGE, (PER YEAR); OOCYTE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89337	CRYOPRESERVATION, MATURE OOCYTE(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Unknown Code	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	CHRONIC PAIN SYNDROME	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Internal Medicine	HODGKIN LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Pediatrics	NEUTROPENIA, UNSPECIFIED	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	

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outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	General Practice	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE F	General Practice	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Surgery, Plastic	CRANIOSYNOSTOSIS	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Surgery, Plastic	CRANIOSYNOSTOSIS	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Surgery, Plastic	CRANIOSYNOSTOSIS	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatric Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Hematology	MALIGNANT NEOPLASM OF PELVIS	1			
outpatient	19499	UNLISTED PROCEDURE, BREAST	Surgery	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	yes
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1			
outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP		1	Medical Necessity	
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	22633	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; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	yes

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outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	yes
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	OVARIAN DYSFUNCTION, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	OVARIAN DYSFUNCTION, UNSPECIFIED	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			

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outpatient	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MIXED, MODERATE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF LEFT EYELID	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Pediatric Surgery	BACTERIAL INFECTION, UNSPECIFIED	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Internal Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			

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outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES		1	Medical Necessity	
outpatient	J9037	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG	Hematology	MULTIPLE MYELOMA IN RELAPSE	1			
outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Neurology	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	1			
outpatient	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			

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outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
outpatient	63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLAC ED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERF ORMED	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
outpatient	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Unknown Code	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	
outpatient	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	Surgery, Neurologic al	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unknown Code	CERVICOBRACHIAL SYNDROME	1			
outpatient	98941	CHIROPRACTIC MANIPULATIVE TREATMENT, (CMT); SPINAL; THREE TO FOUR REGIONS	Unknown Code	CERVICOBRACHIAL SYNDROME	1			
outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Unknown Code	CERVICOBRACHIAL SYNDROME	1			
outpatient	97012	PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL	Unknown Code	CERVICOBRACHIAL SYNDROME	1			

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outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Unknown Code	CERVICOBACHIAL SYNDROME	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	CONSTANT EXOPHTHALMOS, BILATERAL	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Ophthalmology	HORDEOLUM EXTERNUM RIGHT LOWER EYELID	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Otolaryngology	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE		1	Medical Necessity	

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outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE		1	Medical Necessity	
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy/Immunology	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BULIMIA NERVOSA	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	G0378	HOSPITAL OBSERVATION SERVICE, PER HOUR	Pediatric Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Pediatric Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	J9145	INJECTION, DARATUMUMAB, 10 MG	Hematology/Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Oncology, Medical	HEREDITARY HYPOGAMMAGLOBULINEMIA	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Neurology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Neurology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	yes
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	yes
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	yes
outpatient	S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	Pediatrics	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Pediatrics	ENCOUNTER FOR ATTENTION TO GASTROSTOMY		1	Medical Necessity	
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Pediatrics	ENCOUNTER FOR ATTENTION TO GASTROSTOMY		1	Medical Necessity	
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			

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outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	CHRONIC KIDNEY DISEASE, STAGE 5		1	Medical Necessity	
outpatient	J9047	INJECTION, CARFILZOMIB, 1 MG	Internal Medicine	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Hematology/Oncology	MALIGNANT NEOPLASM OF RECTUM	1			
outpatient	63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLAC ED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF IMPLANTED ELECTRONIC NEUROSTIMULATOR OF SPINAL CORD ELECTRODE (LEAD), SUBSEQUENT ENCOUNTER	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF IMPLANTED ELECTRONIC NEUROSTIMULATOR OF SPINAL CORD ELECTRODE (LEAD), SUBSEQUENT ENCOUNTER	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Hematology/Oncology	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HIP		1	Medical Necessity	yes
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HIP		1	Medical Necessity	yes
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HIP		1	Medical Necessity	yes
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER, UNSPECIFIED	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	19318	BREAST REDUCTION	Pediatric Surgery	DORSALGIA, UNSPECIFIED	1			
outpatient	19318	BREAST REDUCTION	Pediatric Surgery	DORSALGIA, UNSPECIFIED	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	BINGE EATING DISORDER	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	OTHER PSORIATIC ARTHROPATHY	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			

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outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	Surgery, Oral & Macillofacial	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy/Immunology	IDIOPATHIC URTICARIA	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	36475	ENDOGENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOGENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unknown Code	HYPOPLASTIC LEFT HEART SYNDROME	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			

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outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	UNSPECIFIED PTOSIS OF LEFT EYELID	1			

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outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Gynecologic	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; FOLLOW-UP OR LIMITED STUDY	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	L5964	SURFACE COVERING SYSTEM ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER	Pain Management	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	L5964	SURFACE COVERING SYSTEM ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER	Pain Management	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER		1	Medical Necessity	yes
outpatient	L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	Pain Management	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	Pain Management	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER		1	Medical Necessity	yes

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outpatient	L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON.	Pain Management	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON.	Pain Management	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER		1	Medical Necessity	yes
outpatient	L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	Pain Management	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	Pain Management	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER		1	Medical Necessity	yes
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			

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outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	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	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	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	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			

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outpatient	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			

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outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Obstetrics & Gynecology	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	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)	Surgery	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	19316	MASTOPEXY	Surgery	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	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	Neurology, Child	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTCHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	58974	EMBRYO TRANSFER, INTRAUTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			

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outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION		1	Medical Necessity	

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Endocrinology, Diabetes & Metabolism	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	J1930	INJECTION, LANREOTIDE, 1 MG	Hematology/Oncology	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Diagnostic Ultrasound	IRON DEFICIENCY	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Neurology	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	95724	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN		1	Medical Necessity	

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Neurology	CORTICAL BLINDNESS, UNSPECIFIED SIDE OF BRAIN		1	Medical Necessity	
outpatient	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Neonatology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	19316	MASTOPEXY	Surgery	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Pediatrics	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ANOREXIA NERVOSA, RESTRICTING TYPE	1			

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outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Unknown Code	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Unknown Code	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Pediatric Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL		1	Medical Necessity	yes
outpatient	L8614	COCHLEAR DEVICE/SYSTEM	Pediatric Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL		1	Medical Necessity	yes
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Clinical Neurophysiology	UNSPECIFIED CONVULSIONS		1	Medical Necessity	
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Clinical Neurophysiology	UNSPECIFIED CONVULSIONS		1	Medical Necessity	

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outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM		1	Medical Necessity	
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM		1	Medical Necessity	
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ANXIETY DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Oncology, Medical	HEREDITARY HYPOGAMMAGLOBULINEMIA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	CHRONIC PAIN SYNDROME	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	ACUTE RECURRENT MAXILLARY SINUSITIS	1			
outpatient	30117	EXCISION OR DESTRUCTION(EG,LASER), INTRANASAL LESION; INTERNAL APPROACH	Otolaryngology	ACUTE RECURRENT MAXILLARY SINUSITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	ACUTE RECURRENT MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	ACUTE RECURRENT MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	ACUTE RECURRENT MAXILLARY SINUSITIS	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	yes
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	

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outpatient	19499	UNLISTED PROCEDURE, BREAST	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Internal Medicine	MALIGNANT NEOPLASM OF CECUM	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Surgery, Head & Neck	CHRONIC PANSINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Surgery, Head & Neck	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Surgery, Head & Neck	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	49505	REPAIR INITIAL INIGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	Surgery, Plastic and Reconstructive	STRAIN OF MUSCLE, FASCIA AND TENDON OF ABDOMEN, INITIAL ENCOUNTER	1			
outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ANXIETY DISORDER, UNSPECIFIED	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	PAIN IN RIGHT HIP	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	PAIN IN RIGHT HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	PAIN IN RIGHT HIP	1			
outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Surgery, Orthopedic	PAIN IN RIGHT HIP		1	Medical Necessity	
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	DYSPHAGIA, UNSPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatrics	ACUTE DISSEMINATED ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	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	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ANXIETY DISORDER, UNSPECIFIED	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	ANXIETY DISORDER, UNSPECIFIED	1			

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outpatient	69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Otolaryngology	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Internal Medicine	DERMATOPOLYMYOSITIS, UNSPECIFIED, ORGAN INVOLVEMENT UNSPECIFIED	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Internal Medicine	DERMATOPOLYMYOSITIS, UNSPECIFIED, ORGAN INVOLVEMENT UNSPECIFIED	1			
outpatient	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, PREFABRICATED, INCLUDING FIXED HARDWARE, EACH	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			
outpatient	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			
outpatient	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			
outpatient	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			
outpatient	E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			
outpatient	E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			
outpatient	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			

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outpatient	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			
outpatient	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			
outpatient	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			
outpatient	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			
outpatient	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Family Practice	UNSPECIFIED INJURY OF HEAD, SEQUELA	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	PAIN IN RIGHT KNEE	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Critical Care Medicine	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Family Practice	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			

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outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	Surgery, Oral & Macillofacial	JAW PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	LOCALIZED EDEMA	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			

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outpatient	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Sports Medicine	CHONDROMALACIA PATELLAE, LEFT KNEE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmol ogy	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0584	INJECTION, BUROSUMAB-TWZA 1 MG	Pediatrics	FAMILIAL HYPOPHOSPHATEMIA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmol ogy	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmol ogy	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	OTHER AGE-RELATED CATARACT	1			
outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Allergy & Immunology	COMBINED IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	Neurology & Psychiatry	ANXIETY DISORDER, UNSPECIFIED	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Neurology & Psychiatry	ANXIETY DISORDER, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	

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outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF LEFT UPPER EYELID	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	Neurology	AMYOTROPHIC LATERAL SCLEROSIS		1	Medical Necessity	
outpatient	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E0978	WHEELCHAIR ACCESSORY, SAFETY BELT/PELVIC STRAP, EACH	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			

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outpatient	E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, PREFABRICATED, INCLUDING MOUNTING HARDWARE, EACH	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Neurology	AMYOTROPHIC LATERAL SCLEROSIS		1	Medical Necessity	
outpatient	0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J1097	PHENYLEPHRINE 10.16 MG/ML AND KETOROLAC 2.88 MG/ML OPHTHALMIC IRRIGATION SOLUTION, 1 ML	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	LOW BACK PAIN	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, LEFT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	Ophthalmology	CORTICAL AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	0376T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; EACH ADDITIONAL DEVICE INSERTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ophthalmology	CORTICAL AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	J9041	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	BINGE EATING DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	BINGE EATING DISORDER	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	BINGE EATING DISORDER	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Unknown Code	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	29580	STRAPPING; UNNA BOOT	Unknown Code	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE AND FOOT	Unknown Code	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	97016	PHYSICAL MEDICINE TREATMENT TO ONE AREA; VASOPNEUMATIC DEVICES	Unknown Code	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Unknown Code	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Unknown Code	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	S8950	COMPLEX LYMPHEDEMA THERAPY, EACH 15 MINUTES	Unknown Code	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	

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outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Unknown Code	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	CHRONIC PAIN SYNDROME	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	

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outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ANXIETY DISORDER, UNSPECIFIED	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	ANXIETY DISORDER, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	S4021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT		1	Medical Necessity	

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outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	

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outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	yes
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	yes
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	yes
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1			

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outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Psychiatry, Child & Adolescent	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Psychiatry, Child & Adolescent	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Pediatrics	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BILIARY TRACT	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSIS	Pediatric Hematology-Oncology	NEUTROPENIA, UNSPECIFIED	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Pediatric Hematology-Oncology	NEUTROPENIA, UNSPECIFIED	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Unknown Code	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER SPECIFIED DORSOPATHIES, SITE UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unknown Code	ENCOUNTER FOR OTHER GENERAL COUNSELING AND ADVICE ON PROCREATION		1	Medical Necessity	
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			

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outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	RADICULOPATHY, CERVICAL REGION	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Dermatology	DERMATOPOLYMYOSITIS, UNSPECIFIED, ORGAN INVOLVEMENT UNSPECIFIED	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	PSORIATIC ARTHRITIS MUTILANS		1	Medical Necessity	
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Gastroenterology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	TOTAL TRAUMATIC CATARACT, LEFT EYE	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			

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outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			

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outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	

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outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Unknown Code	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Pediatric Hematology-Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1			

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outpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, General Vascular	PAIN IN RIGHT HIP	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, General Vascular	PAIN IN RIGHT HIP	1			
outpatient	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	Surgery, General Vascular	PAIN IN RIGHT HIP	1			
outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, General Vascular	PAIN IN RIGHT HIP	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Neurology, Child	OTHER GENERAL SYMPTOMS AND SIGNS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Neurology, Child	OTHER GENERAL SYMPTOMS AND SIGNS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology, Child	OTHER GENERAL SYMPTOMS AND SIGNS	1			

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outpatient	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	Neurology, Child	OTHER GENERAL SYMPTOMS AND SIGNS	1			
outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmology	MECHANICAL PTOSIS OF LEFT EYELID	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1			
outpatient	97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN ASSESSMENT OF CHANGES IN PATIENT FUNCTIONAL OR MEDICAL STATUS WITH REVISED PLAN OF CARE; AN UPDATE TO THE INITIAL OCCUPATIONAL PROFILE TO REFLECT CHANGES IN CO	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	ENOPHTHALMOS DUE TO ATROPHY OF ORBITAL TISSUE, RIGHT EYE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	97167	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYC	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	Surgery, Plastic and Reconstructive	LOCALIZED SWELLING, MASS AND LUMP, NECK	1			
outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Pediatrics	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT ABNORMALITIES OF B-CELL NUMBERS AND FUNCTION	1			

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outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Pediatrics	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT ABNORMALITIES OF B-CELL NUMBERS AND FUNCTION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, BILATERAL, WITH MACULAR EDEMA	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE- TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; IN TERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTI DE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	General Practice	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Neurology	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J9041	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	Hematology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT		1		Medical Necessity
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT		1		Medical Necessity
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	

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outpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	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	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
outpatient	T1000	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	Unknown Code	ENCOUNTER FOR ATTENTION TO GASTROSTOMY		1	Medical Necessity	
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Unknown Code	ENCOUNTER FOR ATTENTION TO GASTROSTOMY		1	Medical Necessity	
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Unknown Code	ENCOUNTER FOR ATTENTION TO GASTROSTOMY		1	Medical Necessity	

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outpatient	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	Unknown Code	CERVICALGIA		1	Medical Necessity	
outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Unknown Code	CERVICALGIA		1	Medical Necessity	
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	

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outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatrics	IDIOPATHIC URTICARIA	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	Oncology	OTHER MALIGNANT NEUROENDOCRINE TUMORS	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Hematology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			

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outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Oncology, Medical	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	PAIN IN THORACIC SPINE		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Pediatric Hematology-Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	Surgery, Plastic	LOW BACK PAIN		1	Medical Necessity	
outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic	LOW BACK PAIN		1	Medical Necessity	
outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	LOW BACK PAIN		1	Medical Necessity	
outpatient	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	Surgery, Plastic	LOW BACK PAIN		1	Medical Necessity	

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outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic	LOW BACK PAIN		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	64420	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; INTERCOSTAL NERVE, SINGLE LEVEL	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Pediatric Allergy & Immunology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Unknown Code	OTHER CHRONIC SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Unknown Code	OTHER CHRONIC SINUSITIS	1			
outpatient	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Family Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Unknown Code	MULTIPLE SCLEROSIS	1			
outpatient	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	Pediatric Neurology	DYSTONIA, UNSPECIFIED	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	DYSTONIA, UNSPECIFIED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	DYSTONIA, UNSPECIFIED	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Sports Medicine	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	

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outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	CANNABIS DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	CANNABIS DEPENDENCE, UNCOMPLICATED	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Physical Medicine & Rehabilitation	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatric Rheumatology	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	

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outpatient	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)	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	ACUTE ANGLE-CLOSURE GLAUCOMA, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	ACUTE ANGLE-CLOSURE GLAUCOMA, BILATERAL	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Internal Medicine	OTHER SPECIFIED EATING DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Internal Medicine	OTHER SPECIFIED EATING DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Internal Medicine	OTHER SPECIFIED EATING DISORDER	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Surgery, Neurological	SACROILIITIS, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			

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outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Family Practice	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Family Practice	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QU	Unknown Code	COMPLETE PLACENTA PREVIA NOS OR WITHOUT HEMORRHAGE, THIRD TRIMESTER	1			
outpatient	76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	Unknown Code	COMPLETE PLACENTA PREVIA NOS OR WITHOUT HEMORRHAGE, THIRD TRIMESTER	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			

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outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SITE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	PAIN IN LEG, UNSPECIFIED	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	Emergency Medicine	PAIN IN LEG, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MIXED, SEVERE, WITH PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MIXED, SEVERE, WITH PSYCHOTIC FEATURES	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	ARTERITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	1			
outpatient	D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT. SEE CODE21299	Periodontics	ILLNESS, UNSPECIFIED		1	Administrative	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Sports Medicine	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Sports Medicine	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Neurology, Child	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	1			
outpatient	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Neurology, Child	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	1			
outpatient	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Neurology, Child	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	1			

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outpatient	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Neurology, Child	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	1			
outpatient	E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	Neurology, Child	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	1			
outpatient	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	Neurology, Child	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	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)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			

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outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF LEFT UPPER EYELID	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF LEFT UPPER EYELID	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	1			

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outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Surgery, Orthopedic	TEAR OF ARTICULAR CARTILAGE OF LEFT KNEE, CURRENT, INITIAL ENCOUNTER	1			
outpatient	81243	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	97167	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYC	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN ASSESSMENT OF CHANGES IN PATIENT FUNCTIONAL OR MEDICAL STATUS WITH REVISED PLAN OF CARE; AN UPDATE TO THE INITIAL OCCUPATIONAL PROFILE TO REFLECT CHANGES IN CO	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Oncology, Medical	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	yes
outpatient	0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			

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outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Oncology, Medical	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Unknown Code	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J9155	INJECTION, DEGARELIX, 1 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER		1		
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR II DISORDER	1			
outpatient	92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	Unknown Code	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER		1		
outpatient	97165	OCCUPATIONAL THERAPY EVALUATION, LOW COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND/OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM; AN	Unknown Code	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER		1		
outpatient	97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS	Unknown Code	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER		1		

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outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING	1			

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outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Cardiac Electrophysiology	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Cardiac Electrophysiology	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING	1			

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outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	CHRONIC PAIN SYNDROME	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	98941	CHIROPRACTIC MANIPULATIVE TREATMENT, (CMT); SPINAL; THREE TO FOUR REGIONS	Unknown Code	CERVICALGIA		1	Medical Necessity	
outpatient	97012	PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL	Unknown Code	CERVICALGIA		1	Medical Necessity	
outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Unknown Code	CERVICALGIA		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	Surgery	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	1			

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outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Pediatric Cardiology	CONGENITAL TRICUSPID STENOSIS	1			
outpatient	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY	Pediatric Cardiology	ATRIAL SEPTAL DEFECT	1			
outpatient	93303	THANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMOLIES; COMPLETE	Pediatric Cardiology	ATRIAL SEPTAL DEFECT	1			
outpatient	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADITION TO CODE FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE	Pediatric Cardiology	ATRIAL SEPTAL DEFECT	1			
outpatient	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	Pediatric Cardiology	ATRIAL SEPTAL DEFECT	1			
outpatient	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 10-19 MINUTES	Pediatric Cardiology	ATRIAL SEPTAL DEFECT	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Pediatric Cardiology	ATRIAL SEPTAL DEFECT	1			
outpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	POSTGASTRIC SURGERY SYNDROMES	1			
outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	1			

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outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			

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outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	DYSTHYMIC DISORDER	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	

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outpatient	J1745	INJECTION, INFILIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH INTESTINAL OBSTRUCTION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Addiction Psychiatry	COCAINE DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Addiction Psychiatry	COCAINE DEPENDENCE, UNCOMPLICATED		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	ESTROGEN RECEPTOR POSITIVE STATUS (ER+)	1			

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outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	ESTROGEN RECEPTOR POSITIVE STATUS (ER+)	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	ESTROGEN RECEPTOR POSITIVE STATUS (ER+)	1			
outpatient	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)	Surgery, Plastic	ESTROGEN RECEPTOR POSITIVE STATUS (ER+)	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Surgery, Orthopedic	SACROILIITIS, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	POLYP OF NASAL CAVITY	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	POLYP OF NASAL CAVITY	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology, Medical	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			

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outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Oncology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0362T	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, EACH 15 MINUTES OF TECHNICIANS'TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WITH THE ASS I	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, EACH 15 MINUTES OF TECHNICIANS'TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WIT H	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J1745	INJECTION, INFILIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	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	Surgery, Orthopedic	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF CERVICAL REGION		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF CERVICAL REGION	1			
outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF CERVICAL REGION		1	Medical Necessity	

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outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF THYROID GLAND		1	Medical Necessity	
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF THYROID GLAND		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	Urology	ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	OTHER ALLERGIC RHINITIS		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER ALLERGIC RHINITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER ALLERGIC RHINITIS		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OTHER ALLERGIC RHINITIS		1	Medical Necessity	
outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otolaryngology	CONDUCTIVE HEARING LOSS, BILATERAL	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES		1	Medical Necessity	
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES		1	Medical Necessity	
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	DORSALGIA, UNSPECIFIED	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOS E, 1MG	Diagnostic Ultrasound	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO CULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmol ogy	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO CULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmol ogy	COMBINED FORMS OF AGE- RELATED CATARACT, LEFT EYE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	Oncology, Medical	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	1			
outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Internal Medicine	OTHER SYMPTOMS AND SIGNS CONCERNING FOOD AND FLUID INTAKE		1	Medical Necessity	
outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Internal Medicine	OTHER SYMPTOMS AND SIGNS CONCERNING FOOD AND FLUID INTAKE		1	Medical Necessity	
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Sleep Medicine	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM OTHER INTRACRANIAL ARTERIES	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Sleep Medicine	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM OTHER INTRACRANIAL ARTERIES	1			
outpatient	97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SC	Unknown Code	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			

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outpatient	97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SC	Unknown Code	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Unknown Code	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	Obstetrics & Gynecology	AMENORRHEA, UNSPECIFIED	1			
outpatient	99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSI	Pediatrics	BENIGN AND INNOCENT CARDIAC MURMURS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	Unknown Code	LOW BACK PAIN	1			

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outpatient	97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES I	Unknown Code	LOW BACK PAIN	1			
outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Unknown Code	LOW BACK PAIN	1			
outpatient	97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES IS REQUIRED; AND REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT	Unknown Code	LOW BACK PAIN	1			
outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Unknown Code	LOW BACK PAIN	1			
outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	LOW BACK PAIN	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTI ON, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	A0425	GROUND MILEAGE, PER STATUTE MILE	Unknown Code	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	1			
outpatient	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 ALS	Unknown Code	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			

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outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH PAIN	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			

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outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Oncology, Medical	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	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	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	yes
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	yes
outpatient	67911	CORRECTION OF LID RETRACTION	Ophthalmology	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS		1	Medical Necessity	
outpatient	67911	CORRECTION OF LID RETRACTION	Ophthalmology	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS		1	Medical Necessity	yes
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS		1	Medical Necessity	
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS		1	Medical Necessity	yes

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outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Orthopedic	CHRONIC PAIN SYNDROME		1	Medical Necessity	
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Orthopedic	CHRONIC PAIN SYNDROME		1	Medical Necessity	yes
outpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Surgery, Orthopedic	CHRONIC PAIN SYNDROME		1	Medical Necessity	
outpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Surgery, Orthopedic	CHRONIC PAIN SYNDROME		1	Medical Necessity	yes
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1			
outpatient	46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP;	Surgery, Colon & Rectal	RESIDUAL HEMORRHOIDAL SKIN TAGS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Ophthalmology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	1			

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outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Pediatric Medical Genetics	MACROCEPHALY	1			
outpatient	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Pediatric Medical Genetics	MACROCEPHALY	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Unknown Code	AUTISTIC DISORDER	1			
outpatient	92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); GROUP, TWO OR MORE INDIVIDUALS	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			

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outpatient	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	Obstetrics & Gynecology	STRESS INCONTINENCE (FEMALE) (MALE)	1			
outpatient	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	Obstetrics & Gynecology	STRESS INCONTINENCE (FEMALE) (MALE)	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION		1	Medical Necessity	
outpatient	J9155	INJECTION, DEGARELIX, 1 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Oncology, Medical	AMYLOIDOSIS, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP		1	Medical Necessity	
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	Unknown Code	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	ALLERGIC RHINITIS, UNSPECIFIED	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	1			
outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Nephrology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL FLAP) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY LOCAL)	Surgery	ERYTHEMATOUS CONDITION, UNSPECIFIED		1	Medical Necessity	
outpatient	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Surgery	ERYTHEMATOUS CONDITION, UNSPECIFIED		1	Medical Necessity	
outpatient	15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH	Surgery	ERYTHEMATOUS CONDITION, UNSPECIFIED		1	Medical Necessity	
outpatient	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	Surgery	ERYTHEMATOUS CONDITION, UNSPECIFIED		1	Medical Necessity	
outpatient	15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM	Surgery	ERYTHEMATOUS CONDITION, UNSPECIFIED		1	Medical Necessity	
outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery	ERYTHEMATOUS CONDITION, UNSPECIFIED		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	

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outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Unknown Code	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Internal Medicine	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Sports Medicine	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	J9145	INJECTION, DARATUMUMAB, 10 MG	Hematology/Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Hematology/Oncology	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRATHORACIC LYMPH NODES	1			

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outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Nephrology	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			

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outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES		1	Medical Necessity	
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES		1	Medical Necessity	
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Surgery	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Surgery	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Surgery	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	Dermatology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Dermatology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Dermatology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Dermatology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Hematology	MALIGNANT NEOPLASM OF RECTUM	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	ACNE VULGARIS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	SPASMODIC TORTICOLLIS	1			

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outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Unknown Code	ENCOUNTER FOR SUPERVISION OF OTHER NORMAL PREGNANCY, SECOND TRIMESTER	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	CERVICALGIA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Sports Medicine	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Sports Medicine	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	S9443	LACTATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	Unknown Code	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	1			
outpatient	99402	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL; APPROXIMATELY 30 MINUTES	Unknown Code	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	1			

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outpatient	99404	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL; APPROXIMATELY 60 MINUTES	Unknown Code	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	SPASMODIC TORTICOLLIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS	Surgery	LOCALIZED SWELLING, MASS AND LUMP, TRUNK		1	Medical Necessity	yes
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	

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outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Neurology	MULTIFOCAL MOTOR NEUROPATHY		1	Medical Necessity	
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Neurology	MULTIFOCAL MOTOR NEUROPATHY		1	Medical Necessity	
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	1			
outpatient	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	Otolaryngology	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISOR OR SYNVISOR-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Neurology	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROS TIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF LEFT UPPER LIMB	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	0232T	INJECTION(S), PLATELET RICH PLASMA, ANY TISSUE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	Surgery, Orthopedic	COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Surgery, Orthopedic	COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Unknown Code	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Unknown Code	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES, MODERATE	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Psychiatry, Child & Adolescent	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE HYPOMANIC	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF BILATERAL LOWER EXTREMITY	1			

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outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Emergency Medicine	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF BILATERAL LOWER EXTREMITY	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Emergency Medicine	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF BILATERAL LOWER EXTREMITY	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	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	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1			

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outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
outpatient	J3590	UNCLASSIFIED BIOLOGICS	Allergy/Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	J3590	UNCLASSIFIED BIOLOGICS	Allergy/Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Pain Management	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Pain Management	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	1			

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Surgery, Oral & Macillofacial	MYALGIA, UNSPECIFIED SITE		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	J3430	INJECTION, PHYTONADIONE,(VITAMIN K) PER 1 MG	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE FOLLOWING TEST: GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS, HYDROXYPROGESTERONE, 17-D;PHENALANINE(PKU); AND THYROXINE, TOTAL	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR BIRTHING CENTER	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			

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outpatient	S8415	SUPPLIES FOR HOME DELIVERY OF INFANT	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	99354	PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE TIME OF THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR OUTPATIENT EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE, EXCEPT WITH OFFICE OR	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL) AND INITIAL STABILIZATION OF NEWBORN	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	

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outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, Thoracic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, Thoracic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Hematology/Oncology	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT IMMUNOREGULATORY T-CELL DISORDERS	1			
outpatient	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC: 1 INTERSPACE, CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Plastic	PAIN IN RIGHT THIGH	1			
outpatient	37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; VENOUS, OTHER THAN HEMORRHAGE (EG, CONGENITAL OR ACQUIRED VENOUS MA	Surgery, Plastic	PAIN IN RIGHT THIGH	1			
outpatient	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	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	NEURALGIA AND NEURITIS, UNSPECIFIED		1	Medical Necessity	

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outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	NEURALGIA AND NEURITIS, UNSPECIFIED		1	Medical Necessity	yes
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Psychiatry, Child & Adolescent	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE HYPOMANIC	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	Depression, unspecified	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Pain Management	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	RADICULOPATHY, LUMBAR REGION	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	Surgery, Plastic	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1		
outpatient	K0003	LIGHTWEIGHT WHEELCHAIR	Surgery, Plastic	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1		
outpatient	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Surgery, Plastic	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED		1		
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	MAXILLARY HYPERPLASIA	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	MAXILLARY HYPERPLASIA	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	1			

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outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Oncology, Medical	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Otolaryngology	BROW PTOSIS, BILATERAL	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	DISSOCIATIVE FUGUE	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic and Reconstructive	DUAL ROLE TRANSVESTISM	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery, Plastic and Reconstructive	DUAL ROLE TRANSVESTISM	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	OTHER SPECIFIED PERSISTENT MOOD DISORDERS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	DYSTHYMIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	DYSTHYMIC DISORDER	1			

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outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	EATING DISORDER, UNSPECIFIED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Unknown Code	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Unknown Code	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			

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outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, BILATERAL	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Infectious Disease	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	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	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION		1	Medical Necessity	
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Neurology	MALIGNANT NEOPLASM OF SPINAL CORD	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	LOCALIZED EDEMA	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	LOCALIZED EDEMA	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Orthopedic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	Obstetrics & Gynecology	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1			
outpatient	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	Q0138	INJECTION, FERUMOXITOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Plastic	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	1			
outpatient	L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE	Surgery, Orthopedic	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	1			
outpatient	L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE	Surgery, Orthopedic	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	1			
outpatient	L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Surgery, Orthopedic	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	1			
outpatient	L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Surgery, Orthopedic	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	1			
outpatient	L5828	STANCE PHASE CONTROL ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND	Surgery, Orthopedic	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	1			

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outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	LOBULAR CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	LOBULAR CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	LOBULAR CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Pediatric Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Pediatric Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	1			
outpatient	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 45-59 MINUTES OF TOT	Surgery, Plastic	CRANIOSYNOSTOSIS		1		
outpatient	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	Surgery, Plastic	CRANIOSYNOSTOSIS		1		

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outpatient	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 60-74 MINUTES OF TOTAL T	Surgery, Plastic	CRANIOSYNOSTOSIS		1		
outpatient	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-44MINUTES OF TOTAL TIM	Surgery, Plastic	CRANIOSYNOSTOSIS		1		
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Surgery, Plastic	CRANIOSYNOSTOSIS		1		
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Surgery, Plastic	CRANIOSYNOSTOSIS		1		
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Surgery, Plastic	CRANIOSYNOSTOSIS		1		
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	EATING DISORDER, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Unknown Code	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	EATING DISORDER, UNSPECIFIED	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	EATING DISORDER, UNSPECIFIED	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	EATING DISORDER, UNSPECIFIED	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSSE, 1MG	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	ANEMIA, UNSPECIFIED	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Nephrology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Nephrology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Oncology, Medical	ANEMIA, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	J9348	INJECTION, NAXITAMAB-GQGK, 1 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95718	ELECTROENCEPHALOGRAPH (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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	OTHER PSORIATIC ARTHROPATHY	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	EATING DISORDER, UNSPECIFIED	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	19318	BREAST REDUCTION	Surgery	CERVICALGIA		1	Medical Necessity	
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Surgery, Orthopedic	UNSPECIFIED INJURY OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER	1			

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outpatient	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Surgery, Orthopedic	UNSPECIFIED INJURY OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER	1			
outpatient	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Unknown Code	PAIN IN UNSPECIFIED SHOULDER		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	LOW BACK PAIN		1	Medical Necessity	
outpatient	97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	Unknown Code	LOW BACK PAIN		1	Medical Necessity	
outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Unknown Code	LOW BACK PAIN		1	Medical Necessity	
outpatient	97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS	Unknown Code	LOW BACK PAIN		1	Medical Necessity	
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1			

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outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	30117	EXCISION OR DESTRUCTION(EG,LASER), INTRANASAL LESION; INTERNAL APPROACH	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	4-PART FRACTURE OF SURGICAL NECK OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
outpatient	L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1		
outpatient	L5665	KNEE ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI- DUROMETER, BELOW	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1	Medical Necessity	
outpatient	L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1		
outpatient	L5999	LOWER EXTREMITY PROTHESIS, NOT OTHERWISE SPECIFIED	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1	Medical Necessity	

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outpatient	L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1		
outpatient	L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1	Medical Necessity	
outpatient	L5940	(TITANIUM, CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1		
outpatient	L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1		
outpatient	L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1		
outpatient	L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1		
outpatient	L5670	SUSPENSION ("PTS" OR SIMILAR) S/A L5666,MOLDED SUPRACOND SUSPENS(PTS	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1	Medical Necessity	
outpatient	L5645	EXTERNAL FRAME ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET,	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1		

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outpatient	L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1		
outpatient	L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1	Medical Necessity	
outpatient	L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1		
outpatient	L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER		1		
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Hematology/Oncology	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLVEMENT UNSPECIFIED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			

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outpatient	76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTAT	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			
outpatient	93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			
outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			
outpatient	93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			
outpatient	93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			
outpatient	93312	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M MODE RECORDING) TRANSESOPHAGEAL; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			
outpatient	93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA; WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUN	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			
outpatient	93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANSSEPTAL CATHETERIZATIONS, INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA INCLUDING LEFT OR RIGHT ATRIAL PACING/RECORDING WHEN NE	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			

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outpatient	93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICH IS DISTINCT FROM THE PRIMARY ABLATED MECHANISM, INCLUDING REPEAT DIAGNOSTIC MANEUVERS, TO TREAT A SPONTANEOUS OR INDUCED ARRHYTHMIA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMAR	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			
outpatient	93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT ATRIUM FOR TREATMENT OF ATRIAL FIBRILLATION REMAINING AFTER COMPLETION OF PULMONARY VEIN ISOLATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			
outpatient	93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION, INCLUDING IMAGING SUPERVISION AND INTERPRETATION	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1			
outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	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	Neurology	OTHER SEIZURES	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pulmonary Disease	IDIOPATHIC URTICARIA	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	RADICULOPATHY, LUMBAR REGION	1			
outpatient	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	Psychiatry	GENERALIZED ANXIETY DISORDER	1			

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outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Obstetrics & Gynecology	ENCOUNTER FOR GYNECOLOGICAL EXAMINATION (GENERAL) (ROUTINE) WITHOUT ABNORMAL FINDINGS	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	TRANSSEXUALISM	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	ANEMIA COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Infectious Disease	MULTIPLE SCLEROSIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Unknown Code	DEPENDENCE ON RESPIRATOR (VENTILATOR) STATUS		1	Medical Necessity	
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Unknown Code	DEPENDENCE ON RESPIRATOR (VENTILATOR) STATUS		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Infectious Disease	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			

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outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology, Child	UNSPECIFIED CONVULSIONS	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Neurology, Child	UNSPECIFIED CONVULSIONS	1			
outpatient	95714	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Neurology, Child	UNSPECIFIED CONVULSIONS	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Pain Managem ent	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Pain Managem ent	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Pain Managem ent	RADICULOPATHY, LUMBAR REGION	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING AND REFILL (REQUIRING SKILL OF A PHYSICIAN OR OTHER QUALIF	Anesthesiology	MULTIPLE SCLEROSIS	1			
outpatient	A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	Anesthesiology	MULTIPLE SCLEROSIS	1			

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	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	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	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	Unknown Code	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Hematology/Oncology	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Hematology	MULTIPLE SCLEROSIS	1			
outpatient	52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)	Urology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BLADDER	1			
outpatient	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			

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outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Unknown Code	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Unknown Code	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)	Endocrinology, Reproductive	TESTICULAR HYPOFUNCTION	1			
outpatient	89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	Endocrinology, Reproductive	TESTICULAR HYPOFUNCTION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS OF MULTIPLE SITES WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS	1			
outpatient	J0517	INJECTION, BENRALIZUMAB, 1 MG	Internal Medicine	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	RADICULOPATHY, LUMBAR REGION	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Gynecologic	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			

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outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE		1	Medical Necessity	
outpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			

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outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Hematology/Oncology	IMMUNE THROMBOCYTOPENIC PURPURA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Oncology, Medical	MALIGNANT NEOPLASM OF GALLBLADDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Neurology & Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Neurology & Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Neurology & Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	CUTANEOUS ABSCESS OF BUTTOCK	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	CUTANEOUS ABSCESS OF BUTTOCK	1			

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outpatient	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION	Urology	MALIGNANT NEOPLASM OF PROSTATE		1	Medical Necessity	
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	

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outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	General Practice	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	General Practice	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	DORSALGIA, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; FOLLOW-UP OR LIMITED STUDY	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS)	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	CERVICALGIA	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	CERVICALGIA	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	COCAINE DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	COCAINE DEPENDENCE, UNCOMPLICATED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Internal Medicine	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	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	Internal Medicine	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Internal Medicine	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Internal Medicine	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Internal Medicine	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Surgery, Neurological	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	

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outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	PSORIATIC SPONDYLITIS	1			
outpatient	J9041	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	Oncology, Medical	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Endocrinology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE		1	Medical Necessity	
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Endocrinology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE		1	Medical Necessity	
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Endocrinology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE		1	Medical Necessity	
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Endocrinology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE		1	Medical Necessity	
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Neurology	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	

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outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
outpatient	J0641	INJECTION, LEVOLEUCOVORIN, 0.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF RECTUM	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1			

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outpatient	19316	MASTOPEXY	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	ACUTE RECURRENT MAXILLARY SINUSITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	ACUTE RECURRENT MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	ACUTE RECURRENT MAXILLARY SINUSITIS	1			
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Physical Medicine & Rehabilitation	CHRONIC PAIN SYNDROME	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Physical Medicine & Rehabilitation	CHRONIC PAIN SYNDROME	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Sports Medicine	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF HIP	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Sports Medicine	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF HIP	1			
outpatient	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	Oncology, Medical	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS		1	Medical Necessity	
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Surgery, Head & Neck	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Surgery, Head & Neck	DEVIATED NASAL SEPTUM	1			

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outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Surgery, Head & Neck	DEVIATED NASAL SEPTUM	1			
outpatient	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Surgery, Head & Neck	DEVIATED NASAL SEPTUM	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	Surgery, Neurological	CAUSALGIA OF LEFT LOWER LIMB	1			
outpatient	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	Surgery, Neurological	CAUSALGIA OF LEFT LOWER LIMB	1			
outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Surgery, Neurological	CAUSALGIA OF LEFT LOWER LIMB	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	CAUSALGIA OF LEFT LOWER LIMB	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	FASCICULATION	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	FASCICULATION	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	FASCICULATION	1			
outpatient	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	Unknown Code	FASCICULATION	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	FASCICULATION	1			
outpatient	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	Unknown Code	FASCICULATION	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Unknown Code	FASCICULATION	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			

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outpatient	80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040) BILIRUBIN, TOTAL (82247) CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) PHOSPHATASE, ALKALINE (84075) PO	Internal Medicine	ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	Internal Medicine	ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Internal Medicine	ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Internal Medicine	ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	90630	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE	Internal Medicine	ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	0004A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19])VACCINE, MRNALNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3 ML DOSAGE, DILUENT RECONSTITUTED; BOOSTER	Internal Medicine	ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	0054A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19])VACCINE, MRNALNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION; BOOS	Internal Medicine	ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	0064A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19])VACCINE, MRNALNP, SPIKE PROTEIN, PRESERVATIVE FREE, 50 MCG/0.25 ML DOSAGE, BOOSTER DOSE	Internal Medicine	ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	

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outpatient	80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTEROL, SERUM, TOTAL (82465) LIPOPROTEIN, DIRECT MEASUREMENT, HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) (83718) TRIGLYCERIDES (84478)	Internal Medicine	ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Oro-Facial Plastic	PANNICULITIS, UNSPECIFIED	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE- DETERMINATION WITH DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			

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outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	J9353	INJECTION, MARGETUXIMAB-CMKB, 5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	S1091	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM (PROPEL)	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Nephrology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	UNSPECIFIED TYPE OF CARCINOMA IN SITU OF UNSPECIFIED BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	UNSPECIFIED TYPE OF CARCINOMA IN SITU OF UNSPECIFIED BREAST	1			

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outpatient	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery, Plastic	UNSPECIFIED TYPE OF CARCINOMA IN SITU OF UNSPECIFIED BREAST	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Unknown Code	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Pediatrics	DEPENDENCE ON RESPIRATOR (VENTILATOR) STATUS		1	Medical Necessity	
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Pediatrics	DEPENDENCE ON RESPIRATOR (VENTILATOR) STATUS		1	Medical Necessity	
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1			
outpatient	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)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	yes
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	yes
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	

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outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	yes
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	yes
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Pain Management	RADICULOPATHY, CERVICAL REGION	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	RADICULOPATHY, CERVICAL REGION	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE	Pediatric Cardiology	VENTRICULAR SEPTAL DEFECT	1			
outpatient	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 10-19 MINUTES	Pediatric Cardiology	VENTRICULAR SEPTAL DEFECT	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Pediatric Cardiology	VENTRICULAR SEPTAL DEFECT	1			
outpatient	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	Pediatric Cardiology	VENTRICULAR SEPTAL DEFECT	1			

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outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Pediatric Cardiology	VENTRICULAR SEPTAL DEFECT	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Pediatric Cardiology	VENTRICULAR SEPTAL DEFECT	1			
outpatient	93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT	Pediatric Cardiology	VENTRICULAR SEPTAL DEFECT	1			
outpatient	93303	THANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMOLIES; COMPLETE	Pediatric Cardiology	VENTRICULAR SEPTAL DEFECT	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Gastroenterology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES, MODERATE	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Unknown Code	HYDROCEPHALUS, UNSPECIFIED	1			
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Periodontics	BILATERAL TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER		1	Administrative	
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER		1	Administrative	
outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	EPIGASTRIC PAIN	1			

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outpatient	19316	MASTOPEXY	Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED LOWER LIMB	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED LOWER LIMB	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Oncology, Medical	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Pediatric Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J0641	INJECTION, LEVOLEUCOVORIN, 0.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4649	SURGICAL SUPPLY	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4222	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY)	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4618	BREATHING CIRCUITS	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4550	SURGICAL TRAYS	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED)	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	S1015	IV TUBING EXTENSION SET	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	S8301	INFECTION CONTROL SUPPLIES, NOT OTHERWISE SPECIFIED	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	00160	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPECIFIED	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR,	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2704	INJECTION, PROPOFOL, 10 MG	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	E0776	IV POLE	Unknown Code	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Physical Medicine & Rehabilitati on	OTHER MUSCLE SPASM	1			
outpatient	97167	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYC	Unknown Code	OTHER LACK OF COORDINATION		1		
outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmol ogy	MYOGENIC PTOSIS OF LEFT EYELID	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Managem ent	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic and Reconstruc tive	LOW BACK PAIN		1	Medical Necessity	
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematolog y/Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CORPUS UTERI	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngol ogy	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, BILATERAL, WITH MACULAR EDEMA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			

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outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1			
outpatient	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1			
outpatient	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Unknown Code	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			

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outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY LOCAL)	Surgery, Hand	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE		1	Medical Necessity	
outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Hand	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE		1	Medical Necessity	
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatric Rheumatology	MYOSITIS, UNSPECIFIED	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Nephrology	ANEMIA IN CHRONIC KIDNEY DISEASE		1	Medical Necessity	
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Addiction Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Addiction Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Psychiatry, Child & Adolescent	GENERALIZED ANXIETY DISORDER	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Psychiatry, Child & Adolescent	GENERALIZED ANXIETY DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	J9044	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	Internal Medicine	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISOR OR SYNVISOR-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	J1745	INJECTION, INFILIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	OTHER LONG TERM (CURRENT) DRUG THERAPY	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Pediatric Nephrology	NEPHROTIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES		1	Medical Necessity	
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Pediatric Nephrology	NEPHROTIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES		1	Medical Necessity	yes
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, ESTABLISHED PATIENT, ONE OR MORE VISITS	Ophthalmology	HYPERMETROPIA, BILATERAL	1			

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outpatient	92015	DETERMINATION OF REFRACTIVE STATE	Ophthalmology	HYPERMETROPIA, BILATERAL	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			

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outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
outpatient	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Unknown Code	QUADRIPLEGIA, UNSPECIFIED		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, BILATERAL	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	Nephrology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1		Medical Necessity
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN		1		Medical Necessity
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	1			

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outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Dermatology	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	OTHER PSORIATIC ARTHROPATHY	1			
outpatient	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	Ophthalmology	DISORDER OF THYROID, UNSPECIFIED	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Retinal Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROS TIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Pain Management	RADICULOPATHY, LUMBAR REGION	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA	1			
outpatient	21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT(SEPARATE PROCEDURE)	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA	1			

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Obstetrics & Gynecology	ANEMIA, UNSPECIFIED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Family Practice	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS	Obstetrics & Gynecology	ENDOMETRIOSIS, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	UNSPECIFIED PTOSIS OF RIGHT EYELID	1			
outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Oncology, Medical	Chronic kidney disease, stage 3a	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Unknown Code	UNSPECIFIED DYSpareunia		1	Medical Necessity	
outpatient	97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES I	Unknown Code	UNSPECIFIED DYSpareunia		1	Medical Necessity	
outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Unknown Code	UNSPECIFIED DYSpareunia		1	Medical Necessity	
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Macillofaci al	MAXILLARY HYPOPLASIA	1			

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outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	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	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTH	Surgery, Oral & Macillofacial	ADHESIONS AND ANKYLOSIS OF RIGHT TEMPOROMANDIBULAR JOINT		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH BOTH ULCER OF CALF AND INFLAMMATION	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH BOTH ULCER OF CALF AND INFLAMMATION	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH BOTH ULCER OF CALF AND INFLAMMATION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH ULCER OF UNSPECIFIED LOWER EXTREMITY	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Unknown Code	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1			

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outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Pediatrics	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	Q0138	INJECTION, FERUMOXITOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Otolaryngology	DEVIATED NASAL SEPTUM		1	Medical Necessity	
outpatient	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Unknown Code	DELAYED MILESTONE IN CHILDHOOD	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC PANSINUSITIS	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Gynecologic	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Gynecologic	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
outpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	

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outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	1			
outpatient	89255	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	Endocrinology, Reproductive	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	1			

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outpatient	58974	EMBRYO TRANSFER, INTRAUTERINE	Endocrinology, Reproductive	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	OTHER PRIMARY THROMBOCYTOPENIA	1			

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outpatient	96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING FUNCTIONAL BRAIN MAPPING, WITH TEST ADMINISTERED ENTIRELY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (IE, PSYCHOLOGIST), WITH REVIEW OF TEST RESULTS AND REPOR	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	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	Surgery, Neurological	Low back pain, unspecified	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	RETINAL TELANGIECTASIS, UNSPECIFIED EYE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	General Practice	GENERALIZED ANXIETY DISORDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBOSACRAL REGION	1			

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outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology, Child	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology, Child	UNSPECIFIED CONVULSIONS	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Neurology, Child	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Oncology	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Oncology	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Oncology	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			

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outpatient	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	Oncology	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Oncology	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Oncology	OTHER ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	OTHER SEIZURES	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Neurology	OTHER SEIZURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			

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outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB	1			
outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Female Pelvic Medicine & Reconstructive Surgery	MIXED INCONTINENCE	1			
outpatient	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	Surgery, Neurological	UNSPECIFIED CORD COMPRESSION	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	UNSPECIFIED CORD COMPRESSION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	UNSPECIFIED CORD COMPRESSION	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT		1	Medical Necessity	
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			

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outpatient	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	Surgery, Neurological	FUSION OF SPINE, CERVICAL REGION		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery, Oncology	ADULT HYPERTROPHIC PYLORIC STENOSIS	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	ENCOUNTER FOR PROPHYLACTIC REMOVAL OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	ENCOUNTER FOR PROPHYLACTIC REMOVAL OF BREAST	1			
outpatient	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)	Surgery, Plastic	ENCOUNTER FOR PROPHYLACTIC REMOVAL OF BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	ENCOUNTER FOR PROPHYLACTIC REMOVAL OF BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	ENCOUNTER FOR PROPHYLACTIC REMOVAL OF BREAST	1			
outpatient	93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM, LEADLESS PACEMAKER SYSTEM, OR IMPLANTABLE DEFIBRILLATOR SYSTEM, REMOTE DATA ACQUISITION(S), RECEIPT OF TRANSMISSIONS AND TECHN	Cardiovascular Disease	PRESENCE OF OTHER CARDIAC IMPLANTS AND GRAFTS	1			
outpatient	G2066	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITOR SYSTEM, IMPLANTABLE LOOP RECORDER SYSTEM, OR SUBCUTANEOUS CARDIAC RHYTHM MONITOR SYSTEM, REMOTE DATA ACQUISITION(S), RECEIPT OF TRANSMISSIONS AND TEC	Cardiovascular Disease	PRESENCE OF OTHER CARDIAC IMPLANTS AND GRAFTS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Hematology/Oncology	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	1			

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outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER SEIZURES	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	OTHER SEIZURES	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Surgery, Colon & Rectal	ANAL FISSURE, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	1			
outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroente rology	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISc OR SYNVISc-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Neurology	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Obstetrics & Gynecology	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	DEGENERATIVE MYOPIA WITH CHOROIDAL NEOVASCULARIZATION, RIGHT EYE	1			
outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	PAIN IN RIGHT LEG	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Vascular & Interventional Radiology	PAIN IN RIGHT LEG	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	PAIN IN RIGHT LEG	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Pediatrics	GASTROSTOMY STATUS		1	Medical Necessity	
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Pediatrics	GASTROSTOMY STATUS		1	Medical Necessity	
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	1			

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outpatient	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)	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Internal Medicine	MAST CELL ACTIVATION, UNSPECIFIED		1	Medical Necessity	
outpatient	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)	Surgery	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	11406	EXCISION, BENIGN LESION, INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM	Surgery	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP	Surgery	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	Surgery	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Oncology, Medical	WALDENSTROM MACROGLOBULINEMIA	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Obstetrics & Gynecology	ANEMIA, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Unknown Code	MULTIPLE SCLEROSIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			

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outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Unknown Code	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	MIXED OBSESSIVE THOUGHTS AND ACTS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MIXED OBSESSIVE THOUGHTS AND ACTS	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	MIXED OBSESSIVE THOUGHTS AND ACTS	1			
outpatient	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	Unknown Code	MIXED OBSESSIVE THOUGHTS AND ACTS	1			
outpatient	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	Unknown Code	MIXED OBSESSIVE THOUGHTS AND ACTS	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Family Practice	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Nephrology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			

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outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	Oncology	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	

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outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	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)	Surgery, Plastic	FAT NECROSIS OF BREAST	1			
outpatient	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)	Surgery, Plastic	FAT NECROSIS OF BREAST	1			
outpatient	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)	Surgery, Plastic	FAT NECROSIS OF BREAST	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	Obstetrics & Gynecology	UTEROVAGINAL PROLAPSE, UNSPECIFIED	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST		1	Medical Necessity	
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			

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outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON.	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	L5651	EXTERNAL FRAME ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET,	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	L5652	DISARTICULATION SOCKET ADD TO LOW EXT,SUCTION SUSPEN,ABOVE KNEE	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	L5701	ATTACHMENT PLATE, MOLDED TO PATIENT MODEL REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	L5920	ALIGNABLE SYSTEM ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION,	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	L5624	S/A L5618,ABOVE KNEE	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	L5950	(TITANIUM, CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	L5986	EQUAL) ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ("MCP" OR	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	L5631	ACRYLIC SOCKET ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION,	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM,ABOVE KNEE- KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	L5850	KNEE EXTENSION ASSIST ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION,	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			

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outpatient	L5650	DISARTICULATION SOCKET ADD TO LOW EXT,TOTAL CONTRACT,ABOVE KNEE	Surgery, General Vascular	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	1			
outpatient	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL-SEPARATE PROCEDURE	Otolaryngology	NASAL POLYP, UNSPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	NASAL POLYP, UNSPECIFIED	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	NASAL POLYP, UNSPECIFIED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	NASAL POLYP, UNSPECIFIED	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	NASAL POLYP, UNSPECIFIED	1			
outpatient	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Otolaryngology	NASAL POLYP, UNSPECIFIED	1			
outpatient	23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	Surgery, Orthopedic	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	L5848	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5850	KNEE EXTENSION ASSIST ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION,	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5856	ADDITION TO LOWER EXTREMITY PROsthESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5950	(TITANIUM, CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROsthESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5631	ACRYLIC SOCKET ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION,	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5986	EQUAL) ALL LOWER EXTREMITY PROsthESSES, MULTI-AXIAL ROTATION UNIT ("MCP" OR	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	

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outpatient	L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON.	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5651	EXTERNAL FRAME ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET,	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5652	DISARTICULATION SOCKET ADD TO LOW EXT,SUCTION SUSPEN,ABOVE KNEE	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5624	S/A L5618,ABOVE KNEE	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5828	STANCE PHASE CONTROL ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5650	DISARTICULATION SOCKET ADD TO LOW EXT,TOTAL CONTRACT,ABOVE KNEE	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	L5620	S/A L5618,BELOW KNEE	Unknown Code	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Pediatric Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1			
outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Unknown Code	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS		1	Medical Necessity	
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Physical Medicine & Rehabilitation	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION		1	Medical Necessity	
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Physical Medicine & Rehabilitation	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION		1	Medical Necessity	
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Gynecologic	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Gynecologic	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Unknown Code	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			
outpatient	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, BILATERAL	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Retinal Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL		1	Medical Necessity	

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	ALLERGIC RHINITIS DUE TO POLLEN	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	ALLERGIC RHINITIS DUE TO POLLEN	1			

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	J0896	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG	Oncology	THALASSEMIA, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Geriatric	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Family Practice	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Surgery, Orthopedic	PAIN IN UNSPECIFIED KNEE	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	NASAL POLYP, UNSPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	NASAL POLYP, UNSPECIFIED	1			

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outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	NASAL POLYP, UNSPECIFIED	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	NASAL POLYP, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	HEARTBURN		1	Medical Necessity	
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Ophthalmology	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
outpatient	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	1			
outpatient	Q0138	INJECTION, FERUMOXITOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	Q0138	INJECTION, FERUMOXITOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	OTHER PSORIATIC ARTHROPATHY	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			

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outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Retinal Ophthalmology	DEGENERATIVE MYOPIA WITH CHOROIDAL NEOVASCULARIZATION, BILATERAL EYE	1			
outpatient	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	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			

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outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Gastroenterology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE	Surgery, Neurological	LOW BACK PAIN	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOW BACK PAIN	1			

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outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	LOW BACK PAIN	1			
outpatient	J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	Internal Medicine	HAIRY CELL LEUKEMIA, IN RELAPSE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	MYOGENIC PTOSIS OF LEFT EYELID	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	1			
outpatient	97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES I	Pain Management	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSSE, 1MG	Hematology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	Pediatrics	HEREDITARY FACTOR VIII DEFICIENCY	1			

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outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66987	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Family Practice	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	T1000	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	Family Practice	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Family Practice	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	1			
outpatient	J9055	INJECTION, CETUXIMAB, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF RECTUM	1			
outpatient	11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			

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outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF ABDOMEN	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	General Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	General Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Family Practice	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			

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outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	OTHER SEBORRHEIC DERMATITIS	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	OTHER SEBORRHEIC DERMATITIS	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT MELANOMA OF SCALP AND NECK	1			
outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Oncology, Medical	MALIGNANT MELANOMA OF SCALP AND NECK	1			
outpatient	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes
outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Neurology	STIFF-MAN SYNDROME	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Unknown Code	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	S1015	IV TUBING EXTENSION SET	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4550	SURGICAL TRAYS	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED)	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	S8301	INFECTION CONTROL SUPPLIES, NOT OTHERWISE SPECIFIED	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	E0430	FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING PORT OXY UNI ERIE TRAVLER	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR,	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4649	SURGICAL SUPPLY	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4222	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY)	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	E0776	IV POLE	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A4618	BREATHING CIRCUITS	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A7001	CANISTER, NONDISPOSABLE, USED WITH SUCTION PUMP, EACH	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	A7002	TUBING, USED WITH SUCTION PUMP, EACH	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	00160	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPECIFIED	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2704	INJECTION, PROPOFOL, 10 MG	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	Anesthesiology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	UNSPECIFIED PTOSIS OF RIGHT EYELID	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unknown Code	OBESITY, UNSPECIFIED		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, BILATERAL	1			
outpatient	55040	EXCISION OF HYDROCELE; UNILATERAL	Pediatric Urology	HYDROCELE, UNSPECIFIED	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Internal Medicine	BACTERIAL MENINGITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Internal Medicine	BACTERIAL MENINGITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Sports Medicine	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Pediatric Allergy & Immunology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Dermatology	PEMPHIGUS, UNSPECIFIED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	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	Neurology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroent erology	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			

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outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	Unknown Code	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	CATARACT SECONDARY TO OCULAR DISORDERS (DEGENERATIVE) (INFLAMMATORY), LEFT EYE	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	RECURRENT PREGNANCY LOSS	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	RECURRENT PREGNANCY LOSS		1	Medical Necessity	

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outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	RECURRENT PREGNANCY LOSS		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	RECURRENT PREGNANCY LOSS	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	RECURRENT PREGNANCY LOSS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Internal Medicine	ULCERATIVE COLITIS, UNSPECIFIED WITH OTHER COMPLICATION	1			
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Otolaryngology	TRANSSEXUALISM		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SCIATICA, UNSPECIFIED SIDE	1			
outpatient	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	Surgery, Orthopedic	SCIATICA, UNSPECIFIED SIDE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	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)	Surgery, Neurological	OTHER CORD COMPRESSION	1			
outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CORD COMPRESSION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CORD COMPRESSION	1			
outpatient	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	Surgery, Neurological	OTHER CORD COMPRESSION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CORD COMPRESSION	1			
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER		1	Medical Necessity	
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER		1	Medical Necessity	yes
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT WITH UNSPECIFIED SEVERITY	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT WITH UNSPECIFIED SEVERITY	1			
outpatient	19318	BREAST REDUCTION	Surgery	HYPERTROPHY OF BREAST		1		
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	OTHER MALE INFERTILITY		1	Medical Necessity	
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	OTHER MALE INFERTILITY	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	OTHER MALE INFERTILITY	1			

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outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatric Rheumatology	MYOSITIS, UNSPECIFIED	1			
outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmology	UNSPECIFIED PTOSIS OF RIGHT EYELID	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	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)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1			

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outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	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	Surgery, Neurological	LOW BACK PAIN		1	Medical Necessity	
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J9145	INJECTION, DARATUMUMAB, 10 MG	Hematology/Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Surgery, Plastic	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SKIN	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Surgery, Plastic	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SKIN	1			
outpatient	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 45-59 MINUTES OF TOT	Surgery, Plastic	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SKIN	1			
outpatient	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	Surgery, Plastic	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SKIN	1			

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outpatient	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 60-74 MINUTES OF TOTAL T	Surgery, Plastic	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SKIN	1			
outpatient	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-44MINUTES OF TOTAL TIM	Surgery, Plastic	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SKIN	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Surgery, Plastic	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SKIN	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Emergency Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Emergency Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Orthopedic	CHRONIC PAIN SYNDROME	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Nephrology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Nephrology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
outpatient	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)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	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	Surgery, Orthopedic	Mid-cervical disc disorder, unspecified level		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	Mid-cervical disc disorder, unspecified level	1			
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1			
outpatient	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	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Unknown Code	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Neurology	STIFF-MAN SYNDROME	1			

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outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH RECTAL BLEEDING	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			

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outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE F	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1		Medical Necessity
outpatient	99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1		Medical Necessity
outpatient	S9129	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1		Medical Necessity

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outpatient	99457	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES, CLINICAL STAFF/PHYSICIAN/OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING INTERACTIVE COMMUNICATION WITH THE PATIENT/CAREGIVER DURING THEMOUTH; FIRST 20 MINUTES	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	97167	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYC	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT PATIENT CARE; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	99368	TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICI	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT PATIENT CARE; FIRST HOUR	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	99366	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	

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outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT, EACH 15 MINUTES	Pediatrics	CONGENITAL DIAPHRAGMATIC HERNIA		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Surgery, Oro-Facial Plastic	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Surgery, Oro-Facial Plastic	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Oncology	OTHER MYELODYSPLASTIC SYNDROMES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	98941	CHIROPRACTIC MANIPULATIVE TREATMENT, (CMT); SPINAL; THREE TO FOUR REGIONS	Unknown Code	OTITIS MEDIA, UNSPECIFIED, UNSPECIFIED EAR		1	Medical Necessity	
outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITH ABSCESS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1			
outpatient	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY LOCAL)	Surgery, Plastic	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Surgery, Plastic and Reconstructive	BLEPHAROSPASM	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	Q5104	INJECTION, INFliximab-ABDA, BIOSIMILAR, (RENflexIS), 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			

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outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Oncology, Gynecologic	OTHER OVARIAN CYST, RIGHT SIDE	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Unknown Code	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS		1	Medical Necessity	
outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmology	CONGENITAL PTOSIS	1			
outpatient	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7209	INJECTION, FACTOR VIII, (ANTHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			

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outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Orthopedic	OTHER SPECIFIED DORSOPATHIES, SITE UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otorhinolaryngology & Oro-Facial Plastic Surgery	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otorhinolar yngology & Oro-Facial Plastic Surgery	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otorhinolar yngology & Oro-Facial Plastic Surgery	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	19318	BREAST REDUCTION	Surgery	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 10-19 MINUTES	Unknown Code	UNSPECIFIED DISLOCATION OF RIGHT PATELLA, SEQUELA		1	Medical Necessity	

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outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J0641	INJECTION, LEVOLEUCOVORIN, 0.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NOT ELSEWHERE CLASSIFIED, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NOT ELSEWHERE CLASSIFIED, INITIAL ENCOUNTER		1	Medical Necessity	

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outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Hematology/Oncology	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	CORTICAL AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	PAIN IN LEFT LEG	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Surgery	RADIATION PROCTITIS		1	Medical Necessity	
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	RADIATION PROCTITIS		1	Medical Necessity	
outpatient	89346	STORAGE, (PER YEAR); OOCYTE	Obstetrics & Gynecology	ENCOUNTER FOR FERTILITY PRESERVATION PROCEDURE		1	Medical Necessity	

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outpatient	89337	CRYOPRESERVATION, MATURE OOCYTE(S)	Obstetrics & Gynecology	ENCOUNTER FOR FERTILITY PRESERVATION PROCEDURE		1	Medical Necessity	
outpatient	S4021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR FERTILITY PRESERVATION PROCEDURE		1	Medical Necessity	
outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Hematology/Oncology	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	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	Neurology	OTHER SEIZURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Hematology/Oncology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	PAIN IN LEG, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	PAIN IN LEG, UNSPECIFIED	1			

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outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	MALIGNANT NEOPLASM OF RECTUM	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1			
outpatient	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	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Pediatric Sports Medicine	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC	Unknown Code	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	1			
outpatient	L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-SHELF	Unknown Code	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	1			
outpatient	L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	Unknown Code	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICALGIA	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICALGIA	1			
outpatient	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)	Surgery, Orthopedic	CERVICALGIA	1			

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outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICALGIA	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICALGIA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	SCHIZOPHRENIA, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	SCHIZOPHRENIA, UNSPECIFIED	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	RADICULOPATHY, LUMBAR REGION	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Hematology/Oncology	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Sleep Medicine	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	
outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			

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outpatient	99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR BIRTHING CENTER	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	S8415	SUPPLIES FOR HOME DELIVERY OF INFANT	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	J3430	INJECTION, PHYTONADIONE,(VITAMIN K) PER 1 MG	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL) AND INITIAL STABILIZATION OF NEWBORN	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE FOLLOWING TEST: GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS, HYDROXYPROGESTERONE, 17-D;PHENALANINE(PKU); AND THYROXINE, TOTAL	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	99354	PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE TIME OF THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR OUTPATIENT EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE, EXCEPT WITH OFFICE OR	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADITION TO CODE FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE	Pediatric Cardiology	SUPRAVENTRICULAR TACHYCARDIA	1			
outpatient	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 10-19 MINUTES	Pediatric Cardiology	SUPRAVENTRICULAR TACHYCARDIA	1			

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outpatient	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	Pediatric Cardiology	SUPRAVENTRICULAR TACHYCARDIA	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Pediatric Cardiology	SUPRAVENTRICULAR TACHYCARDIA	1			
outpatient	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY	Pediatric Cardiology	SUPRAVENTRICULAR TACHYCARDIA	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Pediatric Cardiology	SUPRAVENTRICULAR TACHYCARDIA	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Pediatric Cardiology	SUPRAVENTRICULAR TACHYCARDIA	1			
outpatient	93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT	Pediatric Cardiology	SUPRAVENTRICULAR TACHYCARDIA	1			
outpatient	93303	THANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMOLIES; COMPLETE	Pediatric Cardiology	SUPRAVENTRICULAR TACHYCARDIA	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			

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outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	General Practice	GENERALIZED ANXIETY DISORDER	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	OTHER AGE-RELATED CATARACT	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Sports Medicine	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Obstetrics & Gynecology	BIPOLAR DISORDER, CURRENT EPISODE MIXED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS		1	Medical Necessity	
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			

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outpatient	19330	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Clinical Neurophysiology	MULTIPLE SCLEROSIS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Sleep Medicine	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	1			
outpatient	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30117	EXCISION OR DESTRUCTION(EG,LASER), INTRANASAL LESION; INTERNAL APPROACH	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Unknown Code	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Unknown Code	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C" OR "L" OSTEOTOMY; WITHOUT BONE GRAFT	Surgery, Oral & Macillofacial	ALVEOLAR MANDIBULAR HYPERPLASIA	1			
outpatient	21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED UNILATERAL ALVELAR CLEFT)	Surgery, Oral & Macillofacial	ALVEOLAR MANDIBULAR HYPERPLASIA	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	yes
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	General Practice	GENERALIZED ANXIETY DISORDER	1			

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outpatient	J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	Pulmonary Disease	ALPHA-1-ANTITRYPSIN DEFICIENCY	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			

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outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	Pediatric Medical Genetics	CLASSICAL PHENYLKETONURIA	1			
outpatient	S9433	MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMINISTERED ORALLY, PROVIDING 100% OF NUTRITIONAL INTAKE	Pediatric Medical Genetics	CLASSICAL PHENYLKETONURIA	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF BILATERAL LOWER EXTREMITY	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF BILATERAL LOWER EXTREMITY	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF BILATERAL LOWER EXTREMITY	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	30115	EXCISION, NASAL POLYP(S), EXTENSIVE;	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Unknown Code	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Unknown Code	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	1			
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	1			
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	1			

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outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	1			
outpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	1			
outpatient	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)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	1			
outpatient	E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	Unknown Code	PUSTULOSIS PALMARIS ET PLANTARIS		1	Medical Necessity	
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Neurology, Child	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			

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outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Neurology	OTHER INFLAMMATORY AND IMMUNE MYOPATHIES, NOT ELSEWHERE CLASSIFIED	1			
outpatient	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Otology/Neurotology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Otology/Neurotology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			

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outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	RADICULOPATHY, LUMBAR REGION	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			

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outpatient	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	Neurology	OTHER SEIZURES	1			
outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Occupational Medicine	CANNABIS DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Neurology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Physical Medicine & Rehabilitati on	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED		1	Medical Necessity	
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	General Practice	GENERALIZED ANXIETY DISORDER	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE- DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroente rology	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngol ogy	OTHER CHRONIC SINUSITIS	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	15822	BLEPHAROPLASTY, UPPER EYELID;	Surgery, Plastic	DERMATOCHALASIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	OVARIAN DYSFUNCTION, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Family Practice	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	Otolaryngology	BENIGN NEOPLASM OF PAROTID GLAND		1	Medical Necessity	
outpatient	42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	Otolaryngology	BENIGN NEOPLASM OF PAROTID GLAND		1	Medical Necessity	yes
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
outpatient	69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Neurology	POLYMYOSITIS WITH MYOPATHY	1			

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outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1			
outpatient	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1			
outpatient	L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1			
outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	OTHER CONGENITAL MALFORMATIONS OF MOUTH		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	

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outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	

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outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	
outpatient	0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66710	CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	J0202	INJECTION, ALEMTUZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS		1	Medical Necessity	
outpatient	J0202	INJECTION, ALEMTUZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS		1	Medical Necessity	
outpatient	J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	Hematology	MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	Unknown Code	ANKYLOGLOSSIA		1	Medical Necessity	
outpatient	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Unknown Code	ANKYLOGLOSSIA		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	1			

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outpatient	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 60-74 MINUTES OF TOTAL T	Ophthalmology	BENIGN INTRACRANIAL HYPERTENSION	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Pain Management	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS		1	Medical Necessity	
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS.	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY OF TUBAL ORIGIN	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF TUBAL ORIGIN		1	Medical Necessity	

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outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF TUBAL ORIGIN		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY OF TUBAL ORIGIN		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF TUBAL ORIGIN	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MECHANICAL PTOSIS OF LEFT EYELID	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC RHINITIS	1			

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outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC RHINITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC RHINITIS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Internal Medicine	ULCERATIVE COLITIS, UNSPECIFIED WITH OTHER COMPLICATION	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	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	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Unknown Code	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	UNSPECIFIED INTELLECTUAL DISABILITIES	1			
outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Pediatrics	UNSPECIFIED INTELLECTUAL DISABILITIES	1			

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outpatient	66988	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), WITH ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	0376T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; EACH ADDITIONAL DEVICE INSERTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66987	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED; WITH RADIAL HEAD PROSTHETIC REPLACEMENT	Surgery, Orthopedic	DISPLACED FRACTURE OF HEAD OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Pain Management	RADICULOPATHY, CERVICAL REGION	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	BASAL CELL CARCINOMA OF SKIN OF NOSE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Pediatrics	END STAGE RENAL DISEASE	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Addiction Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Addiction Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Diagnostic Laboratory	DISORIENTATION, UNSPECIFIED	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Diagnostic Laboratory	DISORIENTATION, UNSPECIFIED	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Diagnostic Laboratory	DISORIENTATION, UNSPECIFIED	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Orthopedic	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Pediatrics	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otorhinolaryngology & Oro-Facial Plastic Surgery	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otorhinolaryngology & Oro-Facial Plastic Surgery	CHRONIC PANSINUSITIS	1			
outpatient	L8614	COCHLEAR DEVICE/SYSTEM	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1			

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outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Sports Medicine	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Oncology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	Surgery, General Vascular	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			

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outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Family Practice	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BULIMIA NERVOSA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BULIMIA NERVOSA	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	Pediatric Hematology-Oncology	HEREDITARY FACTOR IX DEFICIENCY	1			

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outpatient	J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	Pediatric Hematology-Oncology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	Pediatric Hematology-Oncology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	Pediatric Hematology-Oncology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	Pediatric Hematology-Oncology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	Pediatric Hematology-Oncology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	19330	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Family Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Family Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF THIGH		1	Medical Necessity	
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF THIGH		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT		1	Medical Necessity	
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT		1	Medical Necessity	

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outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	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	Neurology	OTHER SEIZURES	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			

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outpatient	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Hematology/Oncology	SICKLE-CELL DISEASE WITHOUT CRISIS	1			
outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Otolaryngology	SNORING		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Pediatrics	ENCOUNTER FOR ATTENTION TO GASTROSTOMY		1	Medical Necessity	
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Pediatrics	ENCOUNTER FOR ATTENTION TO GASTROSTOMY		1	Medical Necessity	
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Dermatology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH ULCER OF THIGH	1			
outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Dermatology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH ULCER OF THIGH	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Dermatology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH ULCER OF THIGH	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			

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outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Radiology, Diagnostic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Hematology/Oncology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Endocrinology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			

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outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	OTHER PSORIATIC ARTHROPATHY	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			

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outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/	General Practice	GENERALIZED ANXIETY DISORDER	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Neurological	OTHER BIOMECHANICAL LESIONS OF CERVICAL REGION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	OTHER BIOMECHANICAL LESIONS OF CERVICAL REGION	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	1			

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outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Neurology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Addiction Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED		1	Medical Necessity	
outpatient	99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNO	Obstetrics & Gynecology	ENDOMETRIOSIS OF UTERUS		1	Medical Necessity	
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	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	Neurology	OTHER SEIZURES	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSSE, 1MG	Obstetrics & Gynecology	ANEMIA, UNSPECIFIED	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, UNSPECIFIED	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	Physical Medicine & Rehabilitati on	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Obstetrics & Gynecology	IRON DEFICIENCY ANEMIA, UNSPECIFIED		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngol ogy	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngol ogy	OTHER CHRONIC SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmol ogy	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmol ogy	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmol ogy	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	J0517	INJECTION, BENRALIZUMAB, 1 MG	Allergy/Im munology	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	1			

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outpatient	20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITHOUT ULTRASOUND GUIDANCE	Unknown Code	COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Anesthesiology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Anesthesiology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Anesthesiology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR OTHER PROCREATIVE INVESTIGATION AND TESTING	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			

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outpatient	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	General Practice	GENERALIZED ANXIETY DISORDER	1			
outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Anesthesiology	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Physical Medicine & Rehabilitation	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	S4035	STIMULATED INTRAUTERIN INSEMINATION (IUI), CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	CHRONIC PAIN SYNDROME	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BULIMIA NERVOSA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BULIMIA NERVOSA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BULIMIA NERVOSA	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BULIMIA NERVOSA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatric Allergy & Immunology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatric Allergy & Immunology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE F	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Pediatric Otolaryngology	CONDUCTIVE HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1			
outpatient	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATION; WITHOUT MASTOIDECTOMY	Pediatric Otolaryngology	CONDUCTIVE HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Unknown Code	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Unknown Code	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	19318	BREAST REDUCTION	Surgery, Plastic and Reconstructive	HYPERTROPHY OF BREAST	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	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)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	0376T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; EACH ADDITIONAL DEVICE INSERTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Addiction Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Addiction Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS		1	Medical Necessity	
outpatient	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	Pediatric Neurology	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	1			

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outpatient	95722	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	ABNORMAL ELECTROENCEPHALOGRAPH (EEG)	1			
outpatient	95709	ELECTROENCEPHALOGRAPH (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	ABNORMAL ELECTROENCEPHALOGRAPH (EEG)	1			
outpatient	95718	ELECTROENCEPHALOGRAPH (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	Pediatric Neurology	ABNORMAL ELECTROENCEPHALOGRAPH (EEG)	1			
outpatient	95706	ELECTROENCEPHALOGRAPH (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	ABNORMAL ELECTROENCEPHALOGRAPH (EEG)	1			
outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	ABNORMAL ELECTROENCEPHALOGRAPH (EEG)	1			
outpatient	95712	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	ABNORMAL ELECTROENCEPHALOGRAPH (EEG)	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Physical Medicine & Rehabilitation	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	S4035	STIMULATED INTRAUTERIN INSEMINATION (IUI), CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Hematology/Oncology	SMALL CELL B-CELL LYMPHOMA, SPLEEN	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	

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outpatient	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB	1			
outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB	1			
outpatient	L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB	1			
outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, LEFT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	PAIN IN RIGHT KNEE	1			
outpatient	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Internal Medicine	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			

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outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	OTHER SECONDARY CATARACT, LEFT EYE	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Unknown Code	SHORTNESS OF BREATH		1		

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outpatient	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	Unknown Code	SHORTNESS OF BREATH		1		
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Unknown Code	SHORTNESS OF BREATH		1		
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Unknown Code	SHORTNESS OF BREATH		1		
outpatient	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	Unknown Code	SHORTNESS OF BREATH		1		
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Unknown Code	SHORTNESS OF BREATH		1		
outpatient	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; FIRST VEIN TREATED	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Dermatology	ILLNESS, UNSPECIFIED	1			
outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Unknown Code	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Unknown Code	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	PRIMARY OPEN-ANGLE GLAUCOMA, LEFT EYE, MILD STAGE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Geriatric	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy/Immunology	IDIOPATHIC URTICARIA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Adolescent Medicine/Pediatric	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Adolescent Medicine/Pediatric	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION		1	Medical Necessity	

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY OF TUBAL ORIGIN	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF TUBAL ORIGIN	1			
outpatient	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 45-59 MINUTES OF TOT	Pediatric Cardiology	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Pediatrics	ENCOUNTER FOR ATTENTION TO GASTROSTOMY		1	Medical Necessity	
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Pediatrics	ENCOUNTER FOR ATTENTION TO GASTROSTOMY		1	Medical Necessity	
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			

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outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			

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outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	OTHER MECHANICAL COMPLICATION OF BREAST PROSTHESIS AND IMPLANT, SEQUELA	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	OTHER MECHANICAL COMPLICATION OF BREAST PROSTHESIS AND IMPLANT, SEQUELA	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	1			

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outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	1			
outpatient	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Oncology	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	1			
outpatient	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Oncology	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	1			
outpatient	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Oncology	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	1			
outpatient	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Oncology	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS		1	Medical Necessity	
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Unknown Code	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Unknown Code	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Unknown Code	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	30117	EXCISION OR DESTRUCTION(EG,LASER), INTRANASAL LESION; INTERNAL APPROACH	Otology/Neurotology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otology/Neurotology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otology/Neurotology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH INACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Oncology	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Oncology	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	30117	EXCISION OR DESTRUCTION(EG,LASER), INTRANASAL LESION; INTERNAL APPROACH	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	88299	UNLISTED CYTOGENETIC STUDY	Unknown Code	GENETIC CARRIER OF OTHER DISEASE	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			

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outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	HYPOSPADIAS, PENILE	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Surgery	HYPOSPADIAS, PENILE	1			
outpatient	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)	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Neurology	OTHER AMNESIA	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Pediatric Emergency Medicine	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF LEFT UPPER EYELID	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS		1	Medical Necessity	
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS		1	Medical Necessity	
outpatient	99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT ADMITTED AND DISCHARGED ON THE SAME DATE	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1			
outpatient	59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF BILATERAL LOWER EXTREMITY	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH INFLAMMATION OF BILATERAL LOWER EXTREMITY	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Unknown Code	UNSPECIFIED TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED SIDE		1		
outpatient	97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES I	Unknown Code	UNSPECIFIED TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED SIDE		1		
outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Unknown Code	UNSPECIFIED TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED SIDE		1		
outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	UNSPECIFIED TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED SIDE		1		
outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Unknown Code	UNSPECIFIED TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED SIDE	1			
outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	UNSPECIFIED TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED SIDE	1			
outpatient	19316	MASTOPEXY	Surgery	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1			
outpatient	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)	Surgery	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1			

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Hematology/Oncology	ARTERITIS, UNSPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			

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outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatrics	IDIOPATHIC URTICARIA	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	

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outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Internal Medicine	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG		1	Medical Necessity	
outpatient	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG		1	Medical Necessity	
outpatient	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG		1	Medical Necessity	
outpatient	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1			
outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Pediatric Hematology-Oncology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
outpatient	95712	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	

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outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-44MINUTES OF TOTAL TIM	Endocrinology	HYPOTHYROIDISM, UNSPECIFIED		1		
outpatient	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 45-59 MINUTES OF TOT	Endocrinology	HYPOTHYROIDISM, UNSPECIFIED		1		
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	LEFT SIDED COLITIS WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1			
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Pediatrics	DEPENDENCE ON RESPIRATOR (VENTILATOR) STATUS		1	Medical Necessity	
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Pediatrics	DEPENDENCE ON RESPIRATOR (VENTILATOR) STATUS		1	Medical Necessity	
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Pediatrics	DEPENDENCE ON RESPIRATOR (VENTILATOR) STATUS		1	Medical Necessity	
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Pediatrics	DEPENDENCE ON RESPIRATOR (VENTILATOR) STATUS		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; FIRST VEIN TREATED	Unknown Code	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS		1	Medical Necessity	
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Unknown Code	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS		1	Medical Necessity	
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Neurology, Child	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	RADICULOPATHY, LUMBAR REGION	1			

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outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	RADICULOPATHY, LUMBAR REGION	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BULIMIA NERVOSA	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); SUPERFICIAL	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Oncology, Medical	THROMBOCYTOPENIA, UNSPECIFIED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Pediatric Hematology-Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Pediatric Hematology-Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1			

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outpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Urology	URETHRAL DISORDER, UNSPECIFIED	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Urology	URETHRAL DISORDER, UNSPECIFIED	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS		1	Medical Necessity	
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF MEDIASTINUM, PART UNSPECIFIED	1			
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Unknown Code	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Unknown Code	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Unknown Code	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Physical Medicine & Rehabilitati on	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Physical Medicine & Rehabilitati on	ALCOHOL DEPENDENCE, UNCOMPLICATED		1	Medical Necessity	
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology, Gynecologi c	MALIGNANT NEOPLASM OF LEFT OVARY	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmol ogy	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmol ogy	COMBINED FORMS OF AGE- RELATED CATARACT, RIGHT EYE	1			
outpatient	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	General Practice	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE	1			

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outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Unknown Code	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Unknown Code	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	yes
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	yes
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	ENOPHTHALMOS DUE TO TRAUMA OR SURGERY, BILATERAL	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology, Child	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Neurology, Child	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Neurology, Child	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	OTHER LONG TERM (CURRENT) DRUG THERAPY	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Pediatric Gastroenterology	MELENA	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroent rology	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmol ogy	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Nephrology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	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)	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			

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outpatient	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Family Practice	ILLNESS, UNSPECIFIED	1			
outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Interventional Cardiology	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM		1		
outpatient	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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outpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB (AXIAL) MUSCLES (UNILATERAL OR BILATERAL), OTHER THAN THORACIC PARASPINAL, CRANIAL NERVE SUPPLIED MUSCLES, OR SPHINCTERS	Unknown Code	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS.	Unknown Code	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	Unknown Code	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	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	Critical Care Medicine	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Critical Care Medicine	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Critical Care Medicine	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	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	Critical Care Medicine	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Critical Care Medicine	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Critical Care Medicine	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Surgery, Orthopedic	PAIN IN RIGHT KNEE	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTOSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otorhinolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Neonatology	IDIOPATHIC URTICARIA	1			

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outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	89272	EXTENDED CULTURE OF OOCYTE(S)/EMBRYO(S), 4-7 DAYS	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89280	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	89250	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89281	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; GREATER THAN 10 OOCYTES	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING AND INTERPRETATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF PROSTATE	1			

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outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Unknown Code	INFECTION FOLLOWING A PROCEDURE, UNSPECIFIED, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Unknown Code	INFECTION FOLLOWING A PROCEDURE, UNSPECIFIED, INITIAL ENCOUNTER		1	Medical Necessity	yes
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Unknown Code	INFECTION FOLLOWING A PROCEDURE, UNSPECIFIED, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Unknown Code	INFECTION FOLLOWING A PROCEDURE, UNSPECIFIED, INITIAL ENCOUNTER		1	Medical Necessity	yes
outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	PRESENCE OF UNSPECIFIED ARTIFICIAL KNEE JOINT	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Surgery, Orthopedic	UNSPECIFIED FRACTURE OF LEFT FOOT, INITIAL ENCOUNTER FOR OPEN FRACTURE	1			
outpatient	J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	Urology	TESTICULAR HYPOFUNCTION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	S4035	STIMULATED INTRAUTERIN INSEMINATION (IUI), CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CECUM	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
outpatient	Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	Nephrology	OTHER DRUG-INDUCED AGRANULOCYTOSIS	1			
outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	1			

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outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Dermatology	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS		1		
outpatient	81212	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELGA, 5385INSC, 6174DELT VARIANTS	Family Practice	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			

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outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	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)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	NASAL CONGESTION	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			

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outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	SCHIZOAFFECTIVE DISORDER, DEPRESSIVE TYPE	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT ABNORMALITIES OF B-CELL NUMBERS AND FUNCTION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Nephrology	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	TRANSIENT ALTERATION OF AWARENESS	1			
outpatient	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	Neurology	TRANSIENT ALTERATION OF AWARENESS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	TRANSIENT ALTERATION OF AWARENESS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology, Child	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Neurology, Child	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Neurology, Child	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	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	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS		1	Medical Necessity	
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS		1	Medical Necessity	yes
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC FRONTAL SINUSITIS		1	Medical Necessity	
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC FRONTAL SINUSITIS		1	Medical Necessity	yes

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	CHRONIC PAIN SYNDROME	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			

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outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	22220	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Family Practice	LEFT LOWER QUADRANT PAIN		1		
outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Surgery, Orthopedic	CHONDROMALACIA PATELLAE, LEFT KNEE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
outpatient	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	Unknown Code	ALCOHOL ABUSE, UNCOMPLICATED	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Unknown Code	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH ULCER OF ANKLE	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CYST AND MUCOCELE OF NOSE AND NASAL SINUS	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	VRH	OTHER CEREBROVASCULAR DISEASE	1			
outpatient	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	VRH	OTHER CEREBROVASCULAR DISEASE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	T1002	RN SERVICES, UP TO 15 MINUTES	Family Practice	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	1			
outpatient	G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSE PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Family Practice	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	1			
outpatient	T1003	LPN/LVN SERVICES, UP TO 15 MINUTES	Family Practice	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	1			
outpatient	G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Family Practice	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	1			
outpatient	G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Family Practice	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	1			
outpatient	G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Family Practice	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	1			
outpatient	G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Family Practice	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	1			
outpatient	G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Family Practice	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	1			
outpatient	52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Urology	CALCULUS OF KIDNEY	1			
outpatient	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Urology	CALCULUS OF KIDNEY	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	ABNORMAL LEVEL OF BLOOD MINERAL	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Anesthesiology	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	89337	CRYOPRESERVATION, MATURE OOCYTE(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	OTHER PSORIATIC ARTHROPATHY	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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)	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Pain Management	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7189	FACTOR VIIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOSEVEN RT), 1 MICROGRAM	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			

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outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Neurology	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM	1			

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outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP WITH OR WITHOUT PROGRAMMING	Anesthesiology	CRAMP AND SPASM	1			
outpatient	62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION	Anesthesiology	CRAMP AND SPASM	1			
outpatient	62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR	Anesthesiology	CRAMP AND SPASM	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Family Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Pediatrics	HYPOTHYROIDISM, UNSPECIFIED	1			
outpatient	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	Obstetrics & Gynecology	POSTMENOPAUSAL BLEEDING	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ANXIETY DISORDER, UNSPECIFIED	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	yes
outpatient	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	yes
outpatient	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	yes
outpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	yes
outpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	yes
outpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	

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outpatient	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	yes
outpatient	20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	yes
outpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	yes
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	yes
outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			

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outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	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)	Surgery, Plastic	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1			
outpatient	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	Surgery, Plastic	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1			
outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1			
outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HIP	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)		1	Medical Necessity	
outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Pediatric Hematology-Oncology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	99355	PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE TIME OF THE USUAL SERVICE; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	99354	PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE TIME OF THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR OUTPATIENT EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE, EXCEPT WITH OFFICE OR	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Unknown Code	SICKLE-CELL DISEASE WITHOUT CRISIS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			

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outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Unknown Code	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Unknown Code	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Hematology	MALIGNANT MELANOMA OF SCALP AND NECK	1			
outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	OTHER LOW BIRTH WEIGHT NEWBORN, 1000-1249 GRAMS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			

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outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Pediatric Hematology-Oncology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Pediatric Hematology-Oncology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	Unknown Code	GENETIC CARRIER OF OTHER DISEASE	1			
outpatient	84999	UNLISTED CHEMISTRY PROCEDURE	Unknown Code	GENETIC CARRIER OF OTHER DISEASE	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PAIN IN LEFT SHOULDER	1			
outpatient	21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA		1	Medical Necessity	
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE ORE MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	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	Neurology, Child	UNSPECIFIED CONVULSIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			

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outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Osteopathic Manipulative Medicine Sports Medicine	SPASMODIC TORTICOLLIS	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	J7209	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7209	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes

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outpatient	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Unknown Code	OTHER SPECIFIED ACQUIRED DEFORMITIES OF MUSCULOSKELETAL SYSTEM	1			

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outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	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	Unknown Code	OTHER SEIZURES	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	OTHER SEIZURES	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	OTHER SEIZURES	1			
outpatient	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	Surgery, Plastic	OTHER SPECIFIED HYPERTROPHY OF VULVA		1	Medical Necessity	
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTCHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION		1	Medical Necessity	

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outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION		1	Medical Necessity	
outpatient	22220	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	Surgery, Orthopedic	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION		1	Medical Necessity	
outpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION		1	Medical Necessity	
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			

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outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA	1			
outpatient	21141	RECONSTRUCTION MIDFACE, LEFORT I;SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	0101T	"EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED; HIGH ENERGY(FOR APPLICATION OF LOW ENERGY MUSCULOSKELETAL SYSTEM EXTRACORPOREAL SHOCK WAVE, USE 0019T)"	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	E0935	PASSIVE MOTION EXERCISE DEVICE	Surgery, Orthopedic	CHONDROMALACIA, LEFT KNEE	1			
outpatient	L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF	Surgery, Orthopedic	CHONDROMALACIA, LEFT KNEE	1			
outpatient	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET PROCEDURE)	Surgery, Orthopedic	CHONDROMALACIA, LEFT KNEE	1			
outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Surgery, Orthopedic	CHONDROMALACIA, LEFT KNEE	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Unknown Code	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	CERVICALGIA		1	Medical Necessity	
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1			

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outpatient	99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNO	Unknown Code	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITHOUT ABNORMAL FINDINGS		1	Medical Necessity	
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Gastroenterology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Infectious Disease	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Emergency Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Internal Medicine	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			

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outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Pediatric Allergy & Immunology	HEREDITARY HYPOGAMMAGLOBULINEMIA	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	COMPRESSION OF VEIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			

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outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			

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outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRATHORACIC LYMPH NODES	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRATHORACIC LYMPH NODES	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Obstetrics & Gynecology	ILLNESS, UNSPECIFIED	1			
outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL) AND INITIAL STABILIZATION OF NEWBORN	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-44MINUTES OF TOTAL TIM	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		

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outpatient	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 10-19 MINUTES	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99354	PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE TIME OF THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR OUTPATIENT EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE, EXCEPT WITH OFFICE OR	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 45-59 MINUTES OF TOT	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY.	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99356	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR TIME BEYOND THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR INPATIENT OR OBSERVATION EVALUATION AND MANAGEMENT SERVICE)	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 60-74 MINUTES OF TOTAL T	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		

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outpatient	99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODE	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99355	PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE TIME OF THE USUAL SERVICE; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99357	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR TIME BEYOND THE USUAL SERVICE; EACH LIST ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS) DELIVERY INCLUDING POSTPARTUM CARE	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATI	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		

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outpatient	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE TO HIGH COMPLEXITY. COUNSELING	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT ADMITTED AND DISCHARGED ON THE SAME DATE	Unknown Code	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY		1		
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	CHRONIC PAIN SYNDROME	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Pediatric Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION	1			

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outpatient	63710	DURAL GRAFT, SPINAL	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Family Practice	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	Surgery, Orthopedic	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT THIGH		1	Medical Necessity	
outpatient	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	Surgery, Orthopedic	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT THIGH		1	Medical Necessity	
outpatient	E0731	FORM-FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	Surgery, Orthopedic	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT THIGH		1	Medical Necessity	
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	19318	BREAST REDUCTION	Surgery	TRANSSEXUALISM		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery	TRANSSEXUALISM		1	Medical Necessity	yes
outpatient	19318	BREAST REDUCTION	Surgery	TRANSSEXUALISM		1	Medical Necessity	

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outpatient	90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT ABNORMALITIES OF B-CELL NUMBERS AND FUNCTION	1			
outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Infectious Disease	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	1			
outpatient	90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95712	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Interventional Cardiology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	FEEDING DIFFICULTIES	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS		1	Medical Necessity	
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Internal Medicine	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	

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outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MECHANICAL PTOSIS OF BILATERAL EYELIDS	1			
outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES		1	Medical Necessity	
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Unknown Code	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE, IF PERFORMED	Obstetrics & Gynecology	URGENCY OF URINATION		1	Medical Necessity	
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE TO HIGH COMPLEXITY. COUNSELING	Obstetrics & Gynecology - CA PCP	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER	1			
outpatient	97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	Obstetrics & Gynecology - CA PCP	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Obstetrics & Gynecology - CA PCP	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER	1			
outpatient	36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	Obstetrics & Gynecology - CA PCP	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER	1			
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Obstetrics & Gynecology - CA PCP	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER	1			

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outpatient	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-44MINUTES OF TOTAL TIM	Obstetrics & Gynecology - CA PCP	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Obstetrics & Gynecology - CA PCP	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER	1			
outpatient	99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATI	Obstetrics & Gynecology - CA PCP	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 60-74 MINUTES OF TOTAL T	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			

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outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILATION); UNILATERAL	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	DEFORMITY OF RECONSTRUCTED BREAST	1			

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outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	1			
outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Hematology/Oncology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	HEREDITARY HYPOGAMMAGLOBULINEMIA	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF RIGHT EYELID	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic and Reconstructive	DORSALGIA, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	OTHER MECHANICAL COMPLICATION OF OTHER SPECIFIED INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
outpatient	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	Internal Medicine	CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
outpatient	A0425	GROUND MILEAGE, PER STATUTE MILE	Internal Medicine	CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, SITE UNSPECIFIED		1	Medical Necessity	

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Obstetrics & Gynecology	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatric Allergy & Immunology	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Emergency Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			

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outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR II DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR II DISORDER	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			

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outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	Otolaryngology	HYPERTROPHY OF TONSILS	1			
outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	HYPERTROPHY OF TONSILS	1			
outpatient	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)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	

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outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Geriatric	GENERALIZED ANXIETY DISORDER	1			
outpatient	J1301	INJECTION, EDARAVONE, 1 MG	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	OTHER SPECIFIED DISORDERS OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unknown Code	ILLNESS, UNSPECIFIED	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			

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outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	
outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	yes
outpatient	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Pediatric Pulmonology	PULMONARY HYPERTENSION DUE TO LUNG DISEASES AND HYPOXIA	1			
outpatient	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Pediatric Pulmonology	PULMONARY HYPERTENSION DUE TO LUNG DISEASES AND HYPOXIA	1			
outpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	Nephrology	END STAGE RENAL DISEASE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	Unknown Code	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery, Orthopedic	ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAMINATION		1	Administrative	
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Oncology, Medical	MALIGNANT NEOPLASM OF PROSTATE		1	Medical Necessity	
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Unknown Code	OTHER CHRONIC OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			

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outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Unknown Code	OTHER CHRONIC OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	

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outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	IMMUNE THROMBOCYTOPENIC PURPURA	1			

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outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	Neurology, Child	SPASTIC DIPLEGIC CEREBRAL PALSY	1			
outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Infectious Disease	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Infectious Disease	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	1			
outpatient	J1301	INJECTION, EDARAVONE, 1 MG	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			

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outpatient	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	19316	MASTOPEXY	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, BILATERAL	1			
outpatient	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			

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outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MIXED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	Q5103	INJECTION, INFlixIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM		1		Medical Necessity
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM		1		Medical Necessity
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC PANSINUSITIS	1			

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outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Pediatrics	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	Surgery, Oral & Macillofacial	ARTICULAR DISC DISORDER OF LEFT TEMPOROMANDIBULAR JOINT		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	

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outpatient	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AN	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AN	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AN	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AN	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	1			
outpatient	J1305	INJECTION, EVINACUMAB-DGNB, 5MG	Cardiovascular Disease	FAMILIAL HYPERCHOLESTEROLEMIA	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Pediatrics	END STAGE RENAL DISEASE	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH RETINAL NEOVASCULARIZATION	1			
outpatient	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Endocrinology, Diabetes & Metabolism	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	1			
outpatient	0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Hematology/Oncology	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRATHORACIC LYMPH NODES	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	L2275	MODIFICATION, PADDED/LINED ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC	Unknown Code	OTHER CEREBRAL PALSY		1	Medical Necessity	
outpatient	L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	Unknown Code	OTHER CEREBRAL PALSY		1	Medical Necessity	
outpatient	L2270	PADDED/LINED OR MALLEOLUS PAD ADD TO LOWER EXT, VARUS/VALGUS CORRECTION	Unknown Code	OTHER CEREBRAL PALSY		1	Medical Necessity	
outpatient	E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	Unknown Code	MULTIPLE SCLEROSIS		1	Medical Necessity	
outpatient	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Unknown Code	MULTIPLE SCLEROSIS		1	Medical Necessity	
outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		
outpatient	0500F	INITIAL PRENATAL CARE VISIT (REPORT AT FIRST PRENATAL ENCOUNTER WITH HEALTH CARE PROFESSIONAL PROVIDING OBSTETRICAL CARE. REPORT ALSO DATE OF VISIT AND, IN A SEPARATE FIELD, THE DATE OF THE LAST MENSTRUAL PERIOD-LMP)2	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		

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outpatient	99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATI	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		
outpatient	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-44MINUTES OF TOTAL TIM	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		
outpatient	36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		
outpatient	97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		
outpatient	92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, ESTABLISHED PATIENT, ONE OR MORE VISITS	Ophthalmology	AMBLYOPIA SUSPECT, BILATERAL	1			

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outpatient	92015	DETERMINATION OF REFRACTIVE STATE	Ophthalmology	AMBLYOPIA SUSPECT, BILATERAL	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Hematology/Oncology	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRA-ABDOMINAL LYMPH NODES	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	COCAINE DEPENDENCE, UNCOMPLICATED	1			

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outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology	ANEMIA, UNSPECIFIED	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Geriatric	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatrics	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	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	Pediatrics	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	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	Pediatrics	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatrics	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS UNMONITORED	Pediatrics	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1			
outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Surgery, Hand/Orthopedic	DERMATOCHALASIS OF RIGHT UPPER EYELID		1	Medical Necessity	
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Surgery, Hand/Orthopedic	DERMATOCHALASIS OF RIGHT UPPER EYELID		1	Medical Necessity	
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF RIGHT OVARY	1			

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outpatient	23430	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
outpatient	23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J9176	INJECTION, ELOTUZUMAB, 1 MG	Hematology/Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			

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outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOSEVEN RT), 1 MICROGRAM	Hematology/Oncology	ACQUIRED HEMOPHILIA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			

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outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Pediatric Neurology	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Neurological	OTHER BURSAL CYST, UNSPECIFIED SITE	1			
outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1			
outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Oncology	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, BILATERAL	1			
outpatient	0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	Surgery, Oral & Macillofacial	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR,	Surgery, Plastic	PAIN IN THORACIC SPINE	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	PAIN IN THORACIC SPINE	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	C1776	JOINT DEVICE (IMPLANTABLE)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Neurology	OTHER SEIZURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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outpatient	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL FIXATION DEVICE OF UNSPECIFIED SITE, INITIAL ENCOUNTER	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	64421	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; INTERCOSTAL NERVE, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	DUAL ROLE TRANSVESTISM		1	Medical Necessity	
outpatient	64420	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; INTERCOSTAL NERVE, SINGLE LEVEL	Surgery, Plastic and Reconstructive	DUAL ROLE TRANSVESTISM		1	Medical Necessity	
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	RADIATION PROCTITIS	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Surgery	RADIATION PROCTITIS	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Neurology	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
outpatient	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	Neurology	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS.	Neurology	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
outpatient	95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	Neurology	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
outpatient	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	Neurology	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Neurology	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Surgery	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MULTIFOCAL MOTOR NEUROPATHY	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1			

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outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Surgery, Neurological	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	1			
outpatient	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	Otolaryngology	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	1			

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outpatient	J1745	INJECTION, INFILIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			

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outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASONIC GUIDANCE, WHEN PERFORMED, 1 LEG	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J0517	INJECTION, BENRALIZUMAB, 1 MG	Pulmonary Disease	UNSPECIFIED ASTHMA, UNCOMPLICATED	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Oncology	OTHER MYELODYSPLASTIC SYNDROMES	1			
outpatient	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	Unknown Code	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT THIGH		1	Medical Necessity	

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outpatient	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	Unknown Code	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT THIGH	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Anesthesiology	LOW BACK PAIN		1	Medical Necessity	
outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Anesthesiology	LOW BACK PAIN		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Neurology, Child	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Neurology, Child	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	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	Neurology, Child	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology, Child	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology, Child	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Pain Management	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	1			
outpatient	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Pain Management	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	POLYNEUROPATHY, UNSPECIFIED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	POLYNEUROPATHY, UNSPECIFIED	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	POLYNEUROPATHY, UNSPECIFIED	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Hematology/Oncology	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatric Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Pediatrics	END STAGE RENAL DISEASE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF RIGHT OVARY	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Hematology/Oncology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatric Infectious Disease	BRONCHOPULMONARY DYSPLASIA ORIGINATING IN THE PERINATAL PERIOD	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS		1	Medical Necessity	

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outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Anesthesiology	PELVIC AND PERINEAL PAIN	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	PELVIC AND PERINEAL PAIN	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Hematology/Oncology	Other autoimmune hemolytic anemia	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Pediatrics	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP	1			
outpatient	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LE	Physical Medicine & Rehabilitation	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	95911	NERVE CONDUCTION STUDIES; 9-10 STUDIES	Physical Medicine & Rehabilitation	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS.	Physical Medicine & Rehabilitation	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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outpatient	95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN THE TRUNK OR HEAD	Physical Medicine & Rehabilitati on	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	95868	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; BILATERAL	Physical Medicine & Rehabilitati on	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	Physical Medicine & Rehabilitati on	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD	Physical Medicine & Rehabilitati on	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	Physical Medicine & Rehabilitati on	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	Physical Medicine & Rehabilitati on	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Physical Medicine & Rehabilitati on	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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outpatient	A4215	NEEDLE, STERILE, ANY SIZE, EACH	Physical Medicine & Rehabilitati on	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurologic al	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	22850	REMOVAL OF POSTERIOR INSTRUMENTATION (EG, HARRINGTON ROD)	Surgery, Neurologic al	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurologic al	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Surgery, Neurologic al	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BASE OF TONGUE	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	BODY MASS INDEX (BMI) PEDIATRIC, LESS THAN 5TH PERCENTILE FOR AGE	1			

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outpatient	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	Surgery, Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	38745	AXILLARY LYMPHADENECTOMY; COMPLETE	Surgery, Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NO DE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLAC ED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERF ORMED	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITI ONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO C ODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			

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outpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	99512	HOME VISIT FOR HEMODIALYSIS	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR UNIT HEMODIALYSIS, EACH	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	S9335	HOME THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING SERVICES CODED SEPARATELY), PER DIEM	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	S9127	SOCIAL WORK VISIT, IN THE HOME, PER DIEM	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	J1644	INJECTION, HEPARIN SODIUM, PER 1,000 UNITS (HEPARIN SODIUM, LIQUAEMIN SODIUM)	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	E1510	KIDNEY, DIALYSATE DELIVERY SYSTEM KIDNEY MACHINE, PUMP P RECIRCULATING, AIR REMOVAL SYSTEM, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V.POLES, PRESSURE GAUGE, CONCENTRATE CONTAINER	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		

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outpatient	E1500	CENTRIFUGE, FOR DIALYSIS	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	A9901	DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCPCS CODE	Unknown Code	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)		1		
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	Surgery	TRANSSEXUALISM	1			
outpatient	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	Surgery	TRANSSEXUALISM	1			
outpatient	57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	Surgery	TRANSSEXUALISM	1			
outpatient	17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (IE, PROUD FLESH)	Surgery	TRANSSEXUALISM	1			
outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery	TRANSSEXUALISM	1			
outpatient	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	TRANSSEXUALISM	1			
outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery	TRANSSEXUALISM	1			
outpatient	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	TRANSSEXUALISM	1			
outpatient	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			

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outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	J0641	INJECTION, LEVOLEUCOVORIN, 0.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Unknown Code	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Unknown Code	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	J0641	INJECTION, LEVOLEUCOVORIN, 0.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	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)	Surgery, Plastic	DISPROPORTION OF RECONSTRUCTED BREAST	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			

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outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	Unknown Code	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE	1			
outpatient	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Unknown Code	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE	1			
outpatient	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	Unknown Code	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE	1			
outpatient	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Unknown Code	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE	1			

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outpatient	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1			
outpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Family Practice	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY	1			
outpatient	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MULTIFOCAL MOTOR NEUROPATHY	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	95718	ELECTROENCEPHALOGRAPH (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	Neurology	OTHER AMNESIA	1			
outpatient	95722	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Neurology	OTHER AMNESIA	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Neurology	OTHER AMNESIA	1			
outpatient	95724	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	OTHER AMNESIA	1			
outpatient	95726	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 84 HOURS OF EEG RE	Neurology	OTHER AMNESIA	1			

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outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	Unknown Code	END STAGE RENAL DISEASE	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	TRANSIENT ALTERATION OF AWARENESS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	TRANSIENT ALTERATION OF AWARENESS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	TRANSIENT ALTERATION OF AWARENESS	1			

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outpatient	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	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1			
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Unknown Code	DEPENDENCE ON RESPIRATOR (VENTILATOR) STATUS		1	Administrative	
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Unknown Code	DEPENDENCE ON RESPIRATOR (VENTILATOR) STATUS		1	Administrative	
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology	FEMALE INFERTILITY ASSOCIATED WITH ANOVULATION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	DEGENERATIVE MYOPIA WITH CHOROIDAL NEOVASCULARIZATION, RIGHT EYE	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Pediatric Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS;	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
outpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
outpatient	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			

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outpatient	63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF THE POSTERIOR BONY ELEMENTS (INCLUDING THE APPLICATION OF BRIDGING BONE GRAFT AND NON-SEGMENTAL FIXATION DEVICES(E,G.WIRE,SUTURE	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
outpatient	J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	Pediatric Neurology	GAUCHER DISEASE	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otology/Neurotology	SENSORINEURAL HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1			
outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Gastroenterology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	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)	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED		1	Medical Necessity	
outpatient	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1			
outpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED		1	Medical Necessity	
outpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1			
outpatient	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED		1	Medical Necessity	
outpatient	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1			
outpatient	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED		1	Medical Necessity	

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outpatient	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Unknown Code	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	BENIGN NEOPLASM OF OTHER PARTS OF OROPHARYNX	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	BENIGN NEOPLASM OF OTHER PARTS OF OROPHARYNX	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	BENIGN NEOPLASM OF OTHER PARTS OF OROPHARYNX	1			
outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	BENIGN NEOPLASM OF OTHER PARTS OF OROPHARYNX	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	J1745	INJECTION, INFILIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	PSORIASIS, UNSPECIFIED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF RECTUM	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Oncology	IMMUNE THROMBOCYTOPENIC PURPURA	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
outpatient	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 60-74 MINUTES OF TOTAL T	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT		1	Medical Necessity	

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outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Unknown Code	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	OTHER INFLAMMATORY POLYNEUROPATHIES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Physical Medicine & Rehabilitation	SPASTIC DIPLEGIC CEREBRAL PALSY	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Physical Medicine & Rehabilitation	SPASTIC DIPLEGIC CEREBRAL PALSY	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	63044	LAMINOTOMY (HEMILAMINECTOMY), W/ DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, REEXPLORATION, SINGLE INTERSPACE; E/ADDTNAL LUMBARL	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITI ONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO C ODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			

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outpatient	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	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)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	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	Surgery, Neurologic al	RADICULOPATHY, LUMBAR REGION	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Unknown Code	UNSPECIFIED CONVULSIONS	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	J1301	INJECTION, EDARAVONE, 1 MG	Neurology	AMYOTROPHIC LATERAL SCLEROSIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	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	Neurology	OTHER SEIZURES	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	OTHER URTICARIA	1			

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outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic and Reconstructive	HYPERTROPHY OF BREAST	1			
outpatient	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Unknown Code	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLAC ED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERF ORMED	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, LEFT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	89337	CRYOPRESERVATION, MATURE OOCYTE(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89346	STORAGE, (PER YEAR); OOCYTE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Family Practice	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			

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outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	OTHER SYSTEMIC SCLEROSIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	General Practice - Dental	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic and Reconstructive	CERVICALGIA		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic and Reconstructive	CERVICALGIA		1	Medical Necessity	
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			

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outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	OTHER SPECIFIED DISORDERS OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Surgery, Head & Neck	DEVIATED NASAL SEPTUM	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Surgery, Head & Neck	DEVIATED NASAL SEPTUM	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Surgery, Head & Neck	DEVIATED NASAL SEPTUM	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Surgery, Head & Neck	DEVIATED NASAL SEPTUM	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 ALS	Emergency Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			

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outpatient	A0425	GROUND MILEAGE, PER STATUTE MILE	Emergency Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION, UNSPECIFIED	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION, UNSPECIFIED	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic and Reconstructive	PANNICULITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Hematology	MALIGNANT NEOPLASM OF RECTUM	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	Hematology/Oncology	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH BOTH ULCER OF CALF AND INFLAMMATION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Sports Medicine	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Sports Medicine	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	ANEMIA IN CHRONIC KIDNEY DISEASE	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, BILATERAL	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Retinal Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	Surgery, Oral & Maxillofacial	DISTURBANCES IN TOOTH ERUPTION	1			
outpatient	Q0138	INJECTION, FERUMOXITOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	PSORIASIS, UNSPECIFIED	1			
outpatient	15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Obstetrics & Gynecology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology, Medical	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	1			

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outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	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)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Surgery	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			

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outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Surgery	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	MASTODYNIA	1			
outpatient	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)	Surgery, Plastic and Reconstructive	MASTODYNIA	1			
outpatient	19330	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)	Surgery, Plastic	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER		1	Medical Necessity	
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			

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outpatient	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	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Obstetrics & Gynecology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	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)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			

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outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	OTHER SPECIFIED SOFT TISSUE DISORDERS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	OTHER SPECIFIED SOFT TISSUE DISORDERS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	OTHER SPECIFIED SOFT TISSUE DISORDERS	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatrics	IDIOPATHIC URTICARIA	1			
outpatient	31294	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OPTIC NERVE DECOMPRESSION	Otolaryngology	NASAL CONGESTION	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	NASAL CONGESTION	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	NASAL CONGESTION	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	NASAL CONGESTION	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	NASAL CONGESTION	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	NASAL CONGESTION	1			
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
outpatient	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			

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outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	1			
outpatient	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Clinical Neurophysiology	MULTIPLE SCLEROSIS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Unknown Code	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	1			
outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	1			
outpatient	T1000	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	Pediatrics	FAILURE TO THRIVE (CHILD)		1	Medical Necessity	
outpatient	Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	Hematology/Oncology	NEUTROPENIA, UNSPECIFIED	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Internal Medicine	NUTRITIONAL ANEMIA, UNSPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Internal Medicine	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology	MULTIPLE MYELOMA IN RELAPSE	1			
outpatient	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	Surgery, Oral & Maxillofacial	LEFT TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	1			
outpatient	Q5103	INJECTION, INFliximab-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RECTUM	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	CERVICALGIA		1	Medical Necessity	
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	
outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			

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outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	Neurology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	J2182	INJECTION, MEPOLIZUMAB, 1 MG	Allergy/Immunology	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Otolaryngology	SLEEP APNEA, UNSPECIFIED		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			

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outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	LUMBAGO WITH SCIATICA, LEFT SIDE	1			
outpatient	63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL OR CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY, OR DISKECTOMY, (EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; LUMBAR, EXCEPT FOR SPONDYLOLISTESIS	Surgery, Neurological	LUMBAGO WITH SCIATICA, LEFT SIDE	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			

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outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
outpatient	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	1			

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outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Family Practice	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	General Practice	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	yes

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unknown Code	ILLNESS, UNSPECIFIED		1		
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	ANEMIA, UNSPECIFIED	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	UNSPECIFIED ASTHMA, UNCOMPLICATED	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	UNSPECIFIED ASTHMA, UNCOMPLICATED	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Unknown Code	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	OTHER MECHANICAL COMPLICATION OF IMPLANTED ELECTRONIC NEUROSTIMULATOR OF SPINAL CORD ELECTRODE (LEAD), SUBSEQUENT ENCOUNTER	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP		1	Medical Necessity	
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP		1	Medical Necessity	yes

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outpatient	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Radiation Oncology	MALIGNANT NEOPLASM OF PITUITARY GLAND	1			
outpatient	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Radiation Oncology	MALIGNANT NEOPLASM OF PITUITARY GLAND	1			
outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF PITUITARY GLAND	1			
outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Radiation Oncology	MALIGNANT NEOPLASM OF PITUITARY GLAND	1			
outpatient	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Radiation Oncology	MALIGNANT NEOPLASM OF PITUITARY GLAND	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Hand/Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1			

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outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Hand/Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology, Child	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology, Child	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Neurology, Child	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	OTHER CHRONIC POSTPROCEDURAL PAIN	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	OTHER CHRONIC POSTPROCEDURAL PAIN	1			

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outpatient	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	Neurology	FASCICULATION	1			
outpatient	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	Neurology	FASCICULATION	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	FASCICULATION	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	FASCICULATION	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	FASCICULATION	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	FASCICULATION	1			
outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	yes
outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Ophthalmology	MYOGENIC PTOSIS OF RIGHT EYELID	1			

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outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	MYOGENIC PTOSIS OF RIGHT EYELID	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF RIGHT EYELID	1			
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Unknown Code	SUPERVISION OF HIGH RISK PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	ABNORMAL BRAIN SCAN	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	ABNORMAL BRAIN SCAN	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	ABNORMAL BRAIN SCAN	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Obstetrics & Gynecology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1			
outpatient	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	Neurology, Child	UNSPECIFIED CONVULSIONS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF MULTIPLE SITES	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatric Rheumatology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	Surgery, Neurological	RADICULOPATHY, THORACIC REGION		1	Medical Necessity	
outpatient	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	Surgery, Neurological	RADICULOPATHY, THORACIC REGION		1	Medical Necessity	yes
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, THORACIC REGION		1	Medical Necessity	
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, THORACIC REGION		1	Medical Necessity	yes
outpatient	63046	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; THORACIC	Surgery, Neurological	RADICULOPATHY, THORACIC REGION		1	Medical Necessity	
outpatient	63046	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; THORACIC	Surgery, Neurological	RADICULOPATHY, THORACIC REGION		1	Medical Necessity	yes
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE		1	Medical Necessity	
outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE		1	Medical Necessity	yes
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			

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outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Neurology, Child	AUTISTIC DISORDER	1			
outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Neurology, Child	AUTISTIC DISORDER	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Retinal Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Surgery, Orthopedic	CHRONIC PAIN SYNDROME	1			
outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	11406	EXCISION, BENIGN LESION, INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	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)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	NEURALGIA AND NEURITIS, UNSPECIFIED		1	Medical Necessity	yes
outpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Anesthesiology	NEURALGIA AND NEURITIS, UNSPECIFIED		1	Medical Necessity	yes
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	NEURALGIA AND NEURITIS, UNSPECIFIED		1	Medical Necessity	yes
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS		1	Medical Necessity	
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Unknown Code	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology	OTHER DECREASED WHITE BLOOD CELL COUNT	1			
outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	Surgery, Oral & Macillofacial	ARTICULAR DISC DISORDER OF LEFT TEMPOROMANDIBULAR JOINT	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRA-ABDOMINAL LYMPH NODES	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Addiction Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology, Medical	STEM CELLS TRANSPLANT STATUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	TREMOR, UNSPECIFIED	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	TREMOR, UNSPECIFIED	1			

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outpatient	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	Neurology	TREMOR, UNSPECIFIED	1			
outpatient	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	Neurology	TREMOR, UNSPECIFIED	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	TREMOR, UNSPECIFIED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	TREMOR, UNSPECIFIED	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatric Rheumatology	DERMATOPOLYMYOSITIS, UNSPECIFIED WITH MYOPATHY	1			

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outpatient	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED	Surgery, Orthopedic	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	NAUSEA WITH VOMITING, UNSPECIFIED	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			
outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatrics	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH UNSPECIFIED COMPLICATIONS	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS		1	Medical Necessity	yes
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS		1	Medical Necessity	yes
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS		1	Medical Necessity	yes
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Surgery, Neurological	RADICULOPATHY, THORACOLUMBAR REGION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF LEFT EYELID	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Surgery, Orthopedic	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Oncology, Medical	ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Unknown Code	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Unknown Code	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES		1	Medical Necessity	
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Obstetrics & Gynecology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Surgery	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Sleep Medicine	SPASMODIC TORTICOLLIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Addiction Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Addiction Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPLASTY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Nephrology	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Internal Medicine	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	yes
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Physical Medicine & Rehabilitation	CHRONIC PAIN SYNDROME	1			

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outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Oncology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED		1	Medical Necessity	
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Neurology & Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Neurology & Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Neurology & Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTCHNIQUES (ANY METHOD)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			

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outpatient	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry, Geriatric	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry, Geriatric	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Family Practice	OTHER ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CENTRAL NERVOUS SYSTEM		1	Medical Necessity	
outpatient	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Family Practice	OTHER ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CENTRAL NERVOUS SYSTEM		1	Medical Necessity	
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Neurology	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Neurology	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Neurology	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Neurology	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	CHRONIC PAIN SYNDROME	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Psychiatry, Geriatric	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Psychiatry, Geriatric	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	OSTEONECROSIS, UNSPECIFIED	1			
outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	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)	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	66987	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE	Ophthalmology	PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EYE, MODERATE STAGE	1			

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outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroent rology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE- DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Psychiatry, Geriatric	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; IN TERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTI DE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES	Clinical Genetics- M.D.	PECTUS CARINATUM	1			
outpatient	81410	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFB1, TGFB2, COL3A1,	Clinical Genetics- M.D.	PECTUS CARINATUM		1	Medical Necessity	
outpatient	81411	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR TGFB1, TGFB2, MYH11, AND COL3A1	Clinical Genetics- M.D.	PECTUS CARINATUM		1	Medical Necessity	
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology, Medical	OTHER DRUG-INDUCED AGRANULOCYTOSIS		1	Medical Necessity	

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outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology, Medical	OTHER DRUG-INDUCED AGRANULOCYTOSIS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Surgery, Plastic	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery, Plastic	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	Hematology/Oncology	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Unknown Code	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Unknown Code	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Sports Medicine	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE		1	Medical Necessity	
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	yes
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	yes
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	yes
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	yes
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Unknown Code	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	1			

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outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Pediatric Rheumatology	CRITICAL ILLNESS MYOPATHY		1	Medical Necessity	
outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			

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outpatient	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	Pediatric Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA- ARTICULAR INJECTION, 1 MG	Family Practice	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE- RELATED CATARACT, RIGHT EYE	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Physical Medicine & Rehabilitati on	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Physical Medicine & Rehabilitati on	ALCOHOL DEPENDENCE, UNCOMPLICATED		1	Medical Necessity	
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematolog y/Oncology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroente rology	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA- ARTICULAR INJECTION, 1 MG	Rheumatol ogy	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	OTHER SYMPTOMS AND SIGNS INVOLVING APPEARANCE AND BEHAVIOR	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Gastroenterology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Retinal Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	Dermatology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Dermatology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Dermatology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Dermatology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	1			

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outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DISORDERS, UNSPECIFIED CERVICAL REGION	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Emergency Medicine	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	22633	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; LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Internal Medicine	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		
outpatient	99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY.	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1		
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Unknown Code	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER		1	Medical Necessity	
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Unknown Code	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER		1	Medical Necessity	yes
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Unknown Code	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER		1	Medical Necessity	
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Unknown Code	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER		1	Medical Necessity	yes

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURE(S)	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURE(S)	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			

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outpatient	D0391	INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	76380	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	Surgery, Oral & Macillofacial	OSTEOMYELITIS, UNSPECIFIED	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Hematology/Oncology	ARTERITIS, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP		1	Medical Necessity	
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP		1	Medical Necessity	
outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Sports Medicine	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP		1	Medical Necessity	
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
outpatient	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
outpatient	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY	Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
outpatient	99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE SURGICAL PACKAGE, TO INDICATE THAT AN EVALUATION AND MANAGEMENT SERVICE WAS PERFORMED DURING A POSTOPERATIVE PERIOD FOR A REASON(S) RELATED TO THE ORIGINAL PROCEDURE	Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SITE	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Internal Medicine	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			

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outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDIA EQUINA AND NERVE ROOTS SPONDYLOLISTHESIS, LUMBAR(GILL TYPE PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Unknown Code	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	Otolaryngology	NASAL CONGESTION	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	20912	CARTILAGE GRAFT; NASAL SEPTUM	Surgery, Plastic	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	Surgery, Plastic	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	Surgery, Plastic	HYPERTROPHY OF NASAL TURBINATES	1			

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outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Surgery, Plastic	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Hematology/Oncology	IMMUNE THROMBOCYTOPENIC PURPURA	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	22633	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; LUMBAR	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	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)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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outpatient	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Surgery, Plastic	UNSPECIFIED VISUAL FIELD DEFECTS	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			

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outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Infectious Disease	ANEMIA, UNSPECIFIED	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	MECHANICAL PTOSIS OF BILATERAL EYELIDS	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MECHANICAL PTOSIS OF BILATERAL EYELIDS	1			
outpatient	99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QU	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Surgery, Orthopedic	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	MYOGENIC PTOSIS OF LEFT EYELID	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP		1	Medical Necessity	
outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP		1	Medical Necessity	
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Family Practice	ILLNESS, UNSPECIFIED	1			

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outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN		1	Medical Necessity	
outpatient	G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Pediatrics	TORTICOLLIS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, FIRST TRIMESTER	1			
outpatient	59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS) DELIVERY INCLUDING POSTPARTUM CARE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, FIRST TRIMESTER	1			
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, FIRST TRIMESTER	1			
outpatient	59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, FIRST TRIMESTER	1			
outpatient	S4005	INTERIM LABOR FACILI GLOBAL (LABOR OCCURRING14:14MJR618TY16IILIN DELIVERY)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, FIRST TRIMESTER	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, FIRST TRIMESTER	1			

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outpatient	99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT ADMITTED AND DISCHARGED ON THE SAME DATE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, FIRST TRIMESTER	1			
outpatient	99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL) AND INITIAL STABILIZATION OF NEWBORN	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, FIRST TRIMESTER	1			
outpatient	97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, FIRST TRIMESTER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICALGIA	1			
outpatient	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)	Surgery, Orthopedic	CERVICALGIA	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICALGIA	1			
outpatient	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	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICALGIA	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV), HUMAN, FOR INTRAVENOUS USE	Transplant Hepatology	LIVER TRANSPLANT REJECTION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Unknown Code	ANEMIA, UNSPECIFIED		1	Medical Necessity	

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outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Unknown Code	ANEMIA, UNSPECIFIED		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Hematology/Oncology	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, BILATERAL	1			
outpatient	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 SEGMENT, CERVICAL, THORACIC OR LUMBAR	Pathology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Pathology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
outpatient	69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pathology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
outpatient	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	Pathology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			

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outpatient	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Otolaryngology	CONDUCTIVE HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1			
outpatient	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATION; WITHOUT MASTOIDECTOMY	Otolaryngology	CONDUCTIVE HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Oncology, Medical	ANTIPHOSPHOLIPID SYNDROME	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			

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outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
outpatient	22633	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; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	

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outpatient	22633	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; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	yes

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outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1			
outpatient	81435	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME,COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC, BMPR1A, CDH1, MLH1, MSH2, MSH6	Pediatric Gastroenterology	BENIGN NEOPLASM OF COLON, UNSPECIFIED		1	Medical Necessity	
outpatient	81435	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME,COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC, BMPR1A, CDH1, MLH1, MSH2, MSH6	Pediatric Gastroenterology	BENIGN NEOPLASM OF COLON, UNSPECIFIED		1	Medical Necessity	yes
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Ophthalmology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	1			

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outpatient	42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	yes
outpatient	21555	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN 3 CM	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	21555	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN 3 CM	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	yes
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	yes
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED		1	Medical Necessity	yes
outpatient	93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT	Unknown Code	CONGENITAL DILATION OF AORTA	1			
outpatient	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 10-19 MINUTES	Unknown Code	CONGENITAL DILATION OF AORTA	1			
outpatient	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	Unknown Code	CONGENITAL DILATION OF AORTA	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 40-54 MINUTES OF	Unknown Code	CONGENITAL DILATION OF AORTA	1			

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outpatient	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE	Unknown Code	CONGENITAL DILATION OF AORTA	1			
outpatient	93303	THANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMOLIES; COMPLETE	Unknown Code	CONGENITAL DILATION OF AORTA	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); POSTERIOR SYNECHIAE	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANICAL VITRECTOMY (SUCH AS VISC OR ROTOEXTRACTOR)	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Unknown Code	RADICULOPATHY, CERVICAL REGION	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	RETINAL NEOVASCULARIZATION, UNSPECIFIED, LEFT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	95719	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	Pediatrics	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95708	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Pediatrics	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatrics	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SITE	1			

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outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SITE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	CHRONIC PAIN SYNDROME	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otorhinology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otorhinology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J1745	INJECTION, INFILIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Psychiatry	GENERALIZED ANXIETY DISORDER	1			

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outpatient	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1			
outpatient	96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, TWO OR MORE TESTS, ANY METHOD FIRST 30 MINUTES	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Gastroenterology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA		1	Medical Necessity	
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Dermatology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST		1	Medical Necessity	
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST		1	Medical Necessity	
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST		1	Medical Necessity	

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outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	yes
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	yes
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	yes
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, LEFT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			

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outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	22855	REMOVAL OF ANTERIOR INSTRUMENTATION (EG, DWYER DEVICE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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outpatient	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	22632	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	

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outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Physical Medicine & Rehabilitati on	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Internal Medicine	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmol ogy	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatol ogy	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatol ogy	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	19316	MASTOPEXY	Surgery	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Endocrinology, Diabetes & Metabolism	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	T1000	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	Unknown Code	CEREBRAL PALSY, UNSPECIFIED		1	Medical Necessity	
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	PSORIASIS VULGARIS	1			

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outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Unknown Code	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Unknown Code	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Unknown Code	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	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)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF ABDOMEN	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	Obstetrics & Gynecology	POLYP OF CORPUS UTERI	1			
outpatient	23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HENIARTHOPLASTY	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Surgery	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Surgery	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	General Practice - Dental	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSSE, 1MG	Oncology, Medical	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR IX DEFICIENCY	1			

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outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Anesthesiology	SACROILIITIS, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Anesthesiology	SACROILIITIS, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	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)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, SUBSEQUENT ENCOUNTER	1			

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outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, SUBSEQUENT ENCOUNTER	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, SUBSEQUENT ENCOUNTER	1			
outpatient	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Neurological	ILLNESS, UNSPECIFIED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Neurology & Psychiatry	CANNABIS DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Neurology & Psychiatry	CANNABIS DEPENDENCE, UNCOMPLICATED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	COCAINE DEPENDENCE, UNCOMPLICATED	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Surgery, Orthopedic	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	95724	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Medical Genetics	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1			
outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Medical Genetics	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	OTHER SPECIFIED POSTPROCEDURAL STATES	1			

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outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MECHANICAL PTOSIS OF BILATERAL EYELIDS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Obstetrics & Gynecology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	MECHANICAL PTOSIS OF BILATERAL EYELIDS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, BILATERAL	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			

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outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	OTHER DYSPHAGIA	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	ABNORMAL JAW CLOSURE	1			
outpatient	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Surgery, Oral & Macillofacial	ABNORMAL JAW CLOSURE	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	INFLAMMATORY POLYARTHRITIS	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	HYPOSPADIAS, PENILE	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Surgery	HYPOSPADIAS, PENILE	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, BILATERAL	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			

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outpatient	J9145	INJECTION, DARATUMUMAB, 10 MG	Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	ANXIETY DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	ANXIETY DISORDER, UNSPECIFIED	1			
outpatient	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME, MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS, AND STROKE-LIKE EPISODES [MELAS], MYOCLONICEPILEPSY WITH RAGGED-RED FIBERS [MERFF], NEUROPATHY, ATAXIA, AND RETINITIS PIGMENTOSA [NARPI], LEBER HEREDITARY OP	Pediatrics	UNSPECIFIED INTELLECTUAL DISABILITIES		1	Medical Necessity	
outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	UNSPECIFIED INTELLECTUAL DISABILITIES		1	Medical Necessity	
outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Pediatrics	UNSPECIFIED INTELLECTUAL DISABILITIES		1	Medical Necessity	
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Unknown Code	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Unknown Code	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	NEURALGIA AND NEURITIS, UNSPECIFIED	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	NEURALGIA AND NEURITIS, UNSPECIFIED	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	81417	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	Unknown Code	OTHER REDUCTION DEFORMITIES OF BRAIN	1			
outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic	CELLULITIS OF TRUNK, UNSPECIFIED	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	RADICULOPATHY, CERVICAL REGION	1			
outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AN	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1			
outpatient	96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, TWO OR MORE TESTS, ANY METHOD; FIRST 30 MINUTES	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED		1	Administrative	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Internal Medicine	HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			

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outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED SITE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Interventional Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Pain Management	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	1			

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outpatient	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	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology	OTHER NEUTROPENIA	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER EPILEPSY, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Neurology	OTHER EPILEPSY, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER EPILEPSY, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	L5850	KNEE EXTENSION ASSIST ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION,	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER	1			
outpatient	L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER	1			
outpatient	L5848	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER	1			
outpatient	L5828	STANCE PHASE CONTROL ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER	1			
outpatient	L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Unknown Code	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, INITIAL ENCOUNTER	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Surgery, Head & Neck	POLYPOID SINUS DEGENERATION	1			

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outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Surgery, Head & Neck	POLYPOID SINUS DEGENERATION	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Surgery, Head & Neck	POLYPOID SINUS DEGENERATION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	29861	ARTHROSCOPY, HIP, SURGICAL; WITH RMOVAL OF LOOSE BODY OR FOREIGN BODY	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP		1	Medical Necessity	

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outpatient	29861	ARTHROSCOPY, HIP, SURGICAL; WITH RMOVAL OF LOOSE BODY OR FOREIGN BODY	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP		1	Medical Necessity	yes
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP		1	Medical Necessity	
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP		1	Medical Necessity	yes
outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP		1	Medical Necessity	
outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP		1	Medical Necessity	yes
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP		1	Medical Necessity	
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP		1	Medical Necessity	yes
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy/Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			

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outpatient	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Retinal Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	General Practice	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	General Practice	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, LEFT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			

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outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	J1745	INJECTION, INFILIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	Surgery, Oral & Maxillofacial	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1			
outpatient	21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION (S))	Surgery, Oral & Maxillofacial	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			

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outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Pediatric Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Unknown Code	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Unknown Code	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			

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outpatient	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC RHINITIS		1	Medical Necessity	
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC RHINITIS		1	Medical Necessity	yes
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC RHINITIS		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC RHINITIS		1	Medical Necessity	yes
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Surgery, Oro-Facial Plastic	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Surgery, Oro-Facial Plastic	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	CHRONIC PAIN SYNDROME	1			

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outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	CHRONIC PAIN SYNDROME	1			
outpatient	C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON HIGH-FREQUENCY WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Pain Management	CHRONIC PAIN SYNDROME	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	Surgery, Oral & Macillofacial	SECONDARY OSTEOARTHRITIS, UNSPECIFIED SITE	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	SECONDARY OSTEOARTHRITIS, UNSPECIFIED SITE		1	Medical Necessity	
outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	MIXED OBSESSIVE THOUGHTS AND ACTS	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	MIXED OBSESSIVE THOUGHTS AND ACTS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	Otolaryngology	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	1			
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	

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outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			

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outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Ophthalmology	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES		1	Medical Necessity	yes

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outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery, Thoracic	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES		1	Medical Necessity	
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery, Thoracic	ASYMPTOMATIC VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES		1	Medical Necessity	yes
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unknown Code	PRETERM LABOR WITHOUT DELIVERY, UNSPECIFIED TRIMESTER	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1			
outpatient	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			

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outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 10-19 MINUTES	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEW	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	yes
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	MIXED OBSESSIVE THOUGHTS AND ACTS	1			
outpatient	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Unknown Code	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1			
outpatient	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	Hematology/Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Neurology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Dermatology	ILLNESS, UNSPECIFIED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			

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outpatient	99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OT	Unknown Code	ENCOUNTER FOR CARE AND EXAMINATION OF LACTATING MOTHER	1			
outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy/Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	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	Neurology	OTHER SEIZURES	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Otolaryngology	UNSPECIFIED TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED SIDE		1	Medical Necessity	

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outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Allergy & Immunology	ANTIBODY DEFICIENCY WITH NEAR-NORMAL IMMUNOGLOBULINS OR WITH HYPERIMMUNOGLOBULINEMIA		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE- DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	Surgery	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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outpatient	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE	Surgery, Neurological	LOW BACK PAIN		1	Medical Necessity	
outpatient	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE	Surgery, Neurological	LOW BACK PAIN		1	Medical Necessity	yes
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOW BACK PAIN		1	Medical Necessity	
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOW BACK PAIN		1	Medical Necessity	yes
outpatient	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	Surgery, Neurological	LOW BACK PAIN		1	Medical Necessity	
outpatient	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	Surgery, Neurological	LOW BACK PAIN		1	Medical Necessity	yes
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			

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outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Gastroenterology	OTHER IRON DEFICIENCY ANEMIAS	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Surgery, Oro-Facial Plastic	DEVIATED NASAL SEPTUM	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Nephrology	NEUTROPENIA, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE- DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MULTIPLE MYELOMA IN REMISSION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			

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outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	PAIN IN LEG, UNSPECIFIED		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED		1	Medical Necessity	
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	PAIN IN LEG, UNSPECIFIED		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED		1	Medical Necessity	
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Family Practice	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			

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outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroente rology	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmol ogy	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENTLY IN REMISSION, MOST RECENT EPISODE UNSPECIFIED	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology/Oncology	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Surgery	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Surgery	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Surgery, Orthopedic	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			

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outpatient	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE		1	Medical Necessity	
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Family Practice	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Family Practice	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
outpatient	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Family Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	CORTICAL AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	ACUTE PANSINUSITIS, UNSPECIFIED	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Pulmonary Disease	LUNG TRANSPLANT REJECTION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	OTHER SEIZURES	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	OTHER SEIZURES	1			
outpatient	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	Neurology	OTHER SEIZURES	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Hematology/Oncology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Hematology/Oncology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG	Urology	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Pediatrics	AUTISTIC DISORDER	1			
outpatient	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	Pediatrics	AUTISTIC DISORDER	1			
outpatient	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	Pediatrics	AUTISTIC DISORDER	1			
outpatient	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	Pediatrics	AUTISTIC DISORDER	1			
outpatient	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	Pediatrics	AUTISTIC DISORDER	1			

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outpatient	67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANICAL VITRECTOMY (SUCH AS VISC OR ROTOEXTRACTOR)	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J1745	INJECTION, INFILIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatrics	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	ALLERGIC RHINITIS, UNSPECIFIED	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	ALLERGIC RHINITIS, UNSPECIFIED	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	ALLERGIC RHINITIS, UNSPECIFIED	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	ALLERGIC RHINITIS, UNSPECIFIED	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	95712	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	RETINAL NEOVASCULARIZATION, UNSPECIFIED, LEFT EYE	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			

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outpatient	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Neurology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Neurology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Neurology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Neurology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			

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outpatient	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	Neurology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Neurology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Neurology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Surgery, Orthopedic	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	1			
outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 25 COMPLETED WEEKS	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	CONGENITAL PTOSIS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1			
outpatient	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	Unknown Code	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1			
outpatient	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Unknown Code	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J9041	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Addiction Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	OTHER AGE-RELATED CATARACT	1			
outpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		1	Medical Necessity	

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outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			

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outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Surgery, Plastic	LIPODYSTROPHY, NOT ELSEWHERE CLASSIFIED	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	ANEMIA, UNSPECIFIED	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	Unknown Code	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Family Practice	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE		1	Medical Necessity	
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Physical Medicine & Rehabilitation	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOACOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE		1	Medical Necessity	
outpatient	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE		1	Medical Necessity	yes
outpatient	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE		1	Medical Necessity	
outpatient	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE		1	Medical Necessity	yes
outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE		1	Medical Necessity	
outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE		1	Medical Necessity	yes
outpatient	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE		1	Medical Necessity	
outpatient	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE		1	Medical Necessity	yes
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			

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outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	General Practice - Dental	ENCOUNTER FOR DENTAL EXAMINATION AND CLEANING WITHOUT ABNORMAL FINDINGS	1			
outpatient	D1110	REMOVAL OF PLAQUE, CALCULUS AND STAINS FROM THE TOOTH SURFACES IN THE PERMANENT AND TRANSITIONAL DENTITION. IT IS INTENDED TO CONTROL LOCAL IRRITATIONAL FACTORS.	General Practice - Dental	ENCOUNTER FOR DENTAL EXAMINATION AND CLEANING WITHOUT ABNORMAL FINDINGS	1			
outpatient	D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	General Practice - Dental	ENCOUNTER FOR DENTAL EXAMINATION AND CLEANING WITHOUT ABNORMAL FINDINGS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Emergency Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, BILATERAL	1			
outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic	LIPODYSTROPHY, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Hematology/Oncology	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT IMMUNOREGULATORY T-CELL DISORDERS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	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)	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	Surgery, Orthopedic	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			
outpatient	L8614	COCHLEAR DEVICE/SYSTEM	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatric Pulmonology	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 27 COMPLETED WEEKS	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF DESCENDING COLON	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Neurology	MULTIPLE SCLEROSIS		1	Medical Necessity	
outpatient	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			

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outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS		1	Medical Necessity	
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Unknown Code	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	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	Unknown Code	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	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	Unknown Code	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Internal Medicine	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS.	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC: 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			

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outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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outpatient	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			

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outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	C1776	JOINT DEVICE (IMPLANTABLE)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Physical Medicine & Rehabilitation	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Physical Medicine & Rehabilitation	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			

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outpatient	67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANICAL VITRECTOMY (SUCH AS VISC OR ROTOEXTRACTOR)	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
outpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	

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outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	OTHER REACTIONS TO SEVERE STRESS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	OTHER RECURRENT DEPRESSIVE DISORDERS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Neurology	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Neurology	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	Surgery, Plastic	OTHER ACQUIRED DEFORMITY OF HEAD		1	Medical Necessity	
outpatient	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	Surgery, Plastic	OTHER ACQUIRED DEFORMITY OF HEAD		1	Medical Necessity	
outpatient	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	Surgery, Plastic	OTHER ACQUIRED DEFORMITY OF HEAD		1	Medical Necessity	
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Pain Management	POLYNEUROPATHY, UNSPECIFIED	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	UNSPECIFIED SPRAIN OF RIGHT HIP, SUBSEQUENT ENCOUNTER		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			

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outpatient	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
outpatient	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	OTHER RECURRENT DEPRESSIVE DISORDERS	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	OTHER SPECIFIED ANXIETY DISORDERS	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	OTHER SPECIFIED ANXIETY DISORDERS	1			
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Addiction Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J1745	INJECTION, INFILIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE- TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
outpatient	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	OTHER SPECIFIED ANXIETY DISORDERS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Neurology	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Neurology	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Neurology	OTHER DISORDERS OF NERVOUS SYSTEM		1	Medical Necessity	
outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Neurology	OTHER DISORDERS OF NERVOUS SYSTEM	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES, SEVERE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	PAIN IN RIGHT LEG	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, General Vascular	PAIN IN RIGHT LEG	1			
outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery, General Vascular	PAIN IN RIGHT LEG	1			

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outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Hematology/Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
outpatient	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	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	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	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			

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outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology/Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER SPECIFIED SITES	1			
outpatient	67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BIOPSY	Ophthalmology	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER SPECIFIED SITES	1			
outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER SPECIFIED SITES	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	PAIN IN UNSPECIFIED HIP	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	Surgery, Orthopedic	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Family Practice	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			

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outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			

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outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery	LOCALIZED ADIPOSITY	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Neurology & Psychiatry	OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Family Practice	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	1			
outpatient	J9303	INJECTION, PANITUMUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	Pediatric Otolaryngology	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	Pediatric Otolaryngology	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unknown Code	ILLNESS, UNSPECIFIED	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Internal Medicine	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	26991	INCISION AND DRAINAGE; INFECTED BURSA	Surgery, Orthopedic	TRAUMATIC SECONDARY AND RECURRENT HEMORRHAGE AND SEROMA, SUBSEQUENT ENCOUNTER	1			

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outpatient	27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	TRAUMATIC SECONDARY AND RECURRENT HEMORRHAGE AND SEROMA, SUBSEQUENT ENCOUNTER	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			

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outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	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)	Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Hematology/Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, LEFT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR II DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	Unknown Code	CANNABIS DEPENDENCE, UNCOMPLICATED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ALCOHOL DEPENDENCE, IN REMISSION	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	Q0138	INJECTION, FERUMOXyTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, LEFT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	Surgery, Oral & Macillofacial	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	1			
outpatient	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED		1	Medical Necessity	
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Ophthalmology	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19316	MASTOPEXY	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			

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outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unknown Code	ILLNESS, UNSPECIFIED		1		
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Hematology	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE "MALT-LYMPHOMA"	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	1			

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	SPASMODIC TORTICOLLIS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	SPASMODIC TORTICOLLIS	1			
outpatient	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-44MINUTES OF TOTAL TIM	Obstetrics & Gynecology	ENCOUNTER FOR OTHER GENERAL COUNSELING AND ADVICE ON CONTRACEPTION		1		
outpatient	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 45-59 MINUTES OF TOT	Obstetrics & Gynecology	ENCOUNTER FOR OTHER GENERAL COUNSELING AND ADVICE ON CONTRACEPTION		1		
outpatient	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 60-74 MINUTES OF TOTAL T	Obstetrics & Gynecology	ENCOUNTER FOR OTHER GENERAL COUNSELING AND ADVICE ON CONTRACEPTION		1		
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Unknown Code	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Rheumatology	OTHER DERMATOMYOSITIS WITH MYOPATHY	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP		1	Medical Necessity	
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP		1	Medical Necessity	

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outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP		1	Medical Necessity	
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP		1	Medical Necessity	
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
outpatient	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	Obstetrics & Gynecology	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	1			
outpatient	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	Obstetrics & Gynecology	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	1			
outpatient	58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD), WITH OR WITHOUT HYSTEOSALPINGOGRAPHY	Obstetrics & Gynecology	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Endocrinology, Diabetes & Metabolism	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Hematology/Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Endocrinology, Diabetes & Metabolism	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	19318	BREAST REDUCTION	Unknown Code	CERVICALGIA		1	Medical Necessity	

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	Otolaryngology	CHRONIC TONSILLITIS	1			
outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (IE, PROUD FLESH)	Surgery	TRANSSEXUALISM	1			
outpatient	58555	HYSTEROSCOPY, DIAGNOSTIC	Surgery	TRANSSEXUALISM	1			
outpatient	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	Surgery	TRANSSEXUALISM	1			
outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery	TRANSSEXUALISM	1			
outpatient	57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	Surgery	TRANSSEXUALISM	1			
outpatient	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	Surgery	TRANSSEXUALISM	1			
outpatient	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	TRANSSEXUALISM	1			
outpatient	58555	HYSTEROSCOPY, DIAGNOSTIC	Surgery	TRANSSEXUALISM		1	Medical Necessity	

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outpatient	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	Surgery	TRANSSEXUALISM		1	Medical Necessity	
outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery	TRANSSEXUALISM	1			
outpatient	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	TRANSSEXUALISM	1			
outpatient	17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (IE, PROUD FLESH)	Surgery	TRANSSEXUALISM		1	Medical Necessity	
outpatient	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	Surgery	TRANSSEXUALISM		1	Medical Necessity	
outpatient	57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	Surgery	TRANSSEXUALISM		1	Medical Necessity	
outpatient	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Unknown Code	DELAYED MILESTONE IN CHILDHOOD		1	Medical Necessity	
outpatient	E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Unknown Code	DELAYED MILESTONE IN CHILDHOOD		1	Medical Necessity	
outpatient	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	Pediatric Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	J9041	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	Internal Medicine	AMYLOIDOSIS, UNSPECIFIED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Pediatric Neurology	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J3590	UNCLASSIFIED BIOLOGICS	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			

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outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Physical Medicine & Rehabilitation	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	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 SEGMENT, CERVICAL, THORACIC OR LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otorhinolaryngology & Oro-Facial Plastic Surgery	HYPERTROPHY OF NASAL TURBINATES	1			
outpatient	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	Otorhinolaryngology & Oro-Facial Plastic Surgery	HYPERTROPHY OF NASAL TURBINATES		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	DEFORMITY OF RECONSTRUCTED BREAST	1			
outpatient	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)	Surgery, Plastic	DEFORMITY OF RECONSTRUCTED BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
outpatient	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTH	Surgery, Oral & Maxillofacial	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT		1	Medical Necessity	
outpatient	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTH	Surgery, Oral & Maxillofacial	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT		1	Medical Necessity	

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outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	S1091	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM (PROPEL)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	T1000	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	Unknown Code	GASTROSTOMY STATUS		1	Medical Necessity	
outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Unknown Code	GASTROSTOMY STATUS		1	Medical Necessity	
outpatient	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	Unknown Code	GASTROSTOMY STATUS		1	Medical Necessity	
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF CARDIA	1			
outpatient	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Ophthalmology	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1			

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outpatient	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	LOW BACK PAIN	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Addiction Psychiatry	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	General Practice	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	General Practice	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CECUM	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CECUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Urology	OTHER SPECIFIED DISORDERS OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	0362T	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, EACH 15 MINUTES OF TECHNICIANS'TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WITH THE ASS I	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, EACH 15 MINUTES OF TECHNICIANS'TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WIT H	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Surgery, Orthopedic	PAIN IN RIGHT KNEE	1			
outpatient	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	Surgery, Plastic	BENIGN LIPOMATOUS NEOPLASM OF OTHER SITES	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, LEFT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Oncology, Medical	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			

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outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Sports Medicine	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	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)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			

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outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	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)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			
outpatient	29848	ENDOOSCOPY, WRIST, SURGICAL WITH RELEASE OF TRANVERSE CARPAL LIGAMENT (FOR OPEN PROCEDURE SEE 64721)	Surgery, Hand	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	EATING DISORDER, UNSPECIFIED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	19316	MASTOPEXY	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Psychiatry	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	1			
outpatient	92521	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	Unknown Code	PHONOLOGICAL DISORDER	1			
outpatient	92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA);	Unknown Code	PHONOLOGICAL DISORDER	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Unknown Code	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY OF OTHER ORIGIN		1	Medical Necessity	yes
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES		1	Medical Necessity	
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES		1	Medical Necessity	
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	NASAL CONGESTION	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	NASAL CONGESTION	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	NASAL CONGESTION	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	NASAL CONGESTION	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95712	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	TRANSSEXUALISM	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatric Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Oncology	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Sports Medicine	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Pediatrics	CRAMP AND SPASM	1			
outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	CRAMP AND SPASM	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Plastic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Plastic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	V2623	PROSTHETIC,EYE,PLASTIC,CUSTOM	General Practice	ACQUIRED ABSENCE OF EYE	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	

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outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	CHRONIC PAIN SYNDROME	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	CHRONIC PAIN SYNDROME	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Anesthesiology	CHRONIC PAIN SYNDROME	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	CHRONIC PAIN SYNDROME	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Clinical Genetics-M.D.	AUTISTIC DISORDER	1			
outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Clinical Genetics-M.D.	AUTISTIC DISORDER	1			
outpatient	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Pediatric Endocrinology	OTHER HYPERFUNCTION OF PITUITARY GLAND	1			
outpatient	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Pediatric Endocrinology	OTHER HYPERFUNCTION OF PITUITARY GLAND	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Internal Medicine	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	1			
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1			

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outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Unknown Code	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	1			
outpatient	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Ophthalmology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1			
outpatient	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	General Practice	AUTISTIC DISORDER	1			
outpatient	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	General Practice	AUTISTIC DISORDER	1			

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	General Practice	AUTISTIC DISORDER	1			
outpatient	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	General Practice	AUTISTIC DISORDER	1			
outpatient	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	General Practice	AUTISTIC DISORDER	1			
outpatient	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	General Practice	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	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	General Practice	AUTISTIC DISORDER	1			
outpatient	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	General Practice	AUTISTIC DISORDER	1			
outpatient	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	General Practice	AUTISTIC DISORDER	1			

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outpatient	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	General Practice	AUTISTIC DISORDER	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95724	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery	OTHER SPECIFIED POSTPROCEDURAL STATES	1			

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outpatient	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)	Surgery	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
outpatient	19316	MASTOPEXY	Surgery	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 45-59 MINUTES OF TOT	Pediatrics	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
outpatient	99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSI	Pediatrics	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Pediatrics	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery, Thoracic	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF LEFT LOWER EXTREMITY	1			

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outpatient	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	Surgery, Thoracic	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF LEFT LOWER EXTREMITY	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery, Thoracic	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF LEFT LOWER EXTREMITY	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF LEFT LOWER EXTREMITY	1			
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Internal Medicine	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	95713	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			

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outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Oncology, Medical	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1			
outpatient	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Neurology	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic and Reconstructive	OTHER MECHANICAL COMPLICATION OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic and Reconstructive	OTHER MECHANICAL COMPLICATION OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE	1			

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outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	OTHER MECHANICAL COMPLICATION OF IMPLANTED ELECTRONIC NEUROSTIMULATOR OF SPINAL CORD ELECTRODE (LEAD), SUBSEQUENT ENCOUNTER	1			
outpatient	63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	Surgery, Neurological	OTHER MECHANICAL COMPLICATION OF IMPLANTED ELECTRONIC NEUROSTIMULATOR OF SPINAL CORD ELECTRODE (LEAD), SUBSEQUENT ENCOUNTER	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	Endothelial corneal dystrophy, left eye	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Sports Medicine	OTHER SPECIFIED ACQUIRED DEFORMITIES OF MUSCULOSKELETAL SYSTEM	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Oncology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, LEFT EYE	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	OTHER SEIZURES	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
outpatient	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	

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outpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pediatric Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Surgery, Colon & Rectal	ANAL FISSURE, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Surgery, Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			

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outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otorhinolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otorhinolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otorhinolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE F	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)		1	Medical Necessity	
outpatient	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J9041	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	Internal Medicine	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	19316	MASTOPEXY	Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	GENERALIZED ANXIETY DISORDER	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	
outpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	yes
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			

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outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Otolaryngology	SLEEP APNEA, UNSPECIFIED	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Pediatric Nephrology	KIDNEY TRANSPLANT STATUS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			

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outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63057	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK); EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			

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outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC TONSILLITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC TONSILLITIS	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC TONSILLITIS	1			
outpatient	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	Otolaryngology	CHRONIC TONSILLITIS	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Oncology, Medical	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 45-59 MINUTES OF TOT	Pediatric Cardiology	HYPOPLASTIC LEFT HEART SYNDROME	1			
outpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Pediatric Cardiology	HYPOPLASTIC LEFT HEART SYNDROME	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Unknown Code	GENERALIZED ANXIETY DISORDER	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Internal Medicine	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION, UNSPECIFIED	1			
outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Internal Medicine	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION, UNSPECIFIED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Hematology/Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	MYOGENIC PTOSIS OF RIGHT EYELID	1			
outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	MYOGENIC PTOSIS OF RIGHT EYELID	1			
outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Neurology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			

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outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	65820	GONIOTOMY	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	OTHER SPECIFIED DISORDERS OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			

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outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, Thoracic Cardiovascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Pediatric Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	21142	RECONSTRUCTION MIDFACE, LEFORT I;TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			

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outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, STAGE UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	1			
outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Internal Medicine	MALIGNANT MELANOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	LOCALIZED EDEMA	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	LOCALIZED EDEMA	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	LOCALIZED EDEMA	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Family Practice	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	65820	GONIOTOMY	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	1			

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outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES	1			
outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Dermatology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Dermatology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Dermatology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	

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outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Internal Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1			
outpatient	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Unknown Code	PHONOLOGICAL DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1			
outpatient	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Otology/Neurotology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
outpatient	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Ophthalmology	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1			

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Hematology/Oncology	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	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	Surgery, Neurological	FUSION OF SPINE, CERVICAL REGION		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	CAPSULAR CONTRACTURE OF BREAST IMPLANT, SUBSEQUENT ENCOUNTER	1			
outpatient	19330	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)	Surgery, Plastic	CAPSULAR CONTRACTURE OF BREAST IMPLANT, SUBSEQUENT ENCOUNTER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT)	Surgery, Orthopedic	INSTABILITY OF INTERNAL RIGHT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
outpatient	29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	Surgery, Orthopedic	INSTABILITY OF INTERNAL RIGHT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	INSTABILITY OF INTERNAL RIGHT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Vascular & Interventional Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Family Practice	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Child Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Child Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	PAIN IN LEG, UNSPECIFIED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	CERVICALGIA	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Hematology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1			

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outpatient	C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON HIGH-FREQUENCY WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS		1	Medical Necessity	
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Neurology & Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Neurology & Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Neurology & Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Addiction Psychiatry	GENERALIZED ANXIETY DISORDER	1			

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outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER		1	Medical Necessity	
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE		1	Medical Necessity	
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			

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outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	yes
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Neurology	POLYMYOSITIS WITH MYOPATHY	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Endocrinology, Diabetes & Metabolism	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			

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outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Endocrinology, Diabetes & Metabolism	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Oncology	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	CHRONIC PAIN SYNDROME		1	Medical Necessity	
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	CHRONIC PAIN SYNDROME		1	Medical Necessity	yes
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS		1	Medical Necessity	
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			

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outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Hematology/Oncology	MULTIPLE MYELOMA IN REMISSION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			

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outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	15770	GRAFT; DERMA-FAT-FASCIA	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	

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outpatient	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-44MINUTES OF TOTAL TIM	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	99354	PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE TIME OF THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR OUTPATIENT EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE, EXCEPT WITH OFFICE OR	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATI	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 45-59 MINUTES OF TOT	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	99356	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR TIME BEYOND THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR INPATIENT OR OBSERVATION EVALUATION AND MANAGEMENT SERVICE)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE TO HIGH COMPLEXITY. COUNSELING	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 60-74 MINUTES OF TOTAL T	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	

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outpatient	99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	99355	PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE TIME OF THE USUAL SERVICE; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	99357	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR TIME BEYOND THE USUAL SERVICE; EACH LIST ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	

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outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Unknown Code	ENCOUNTER FOR SUPERVISION OF NORMAL FIRST PREGNANCY, UNSPECIFIED TRIMESTER		1	Medical Necessity	
outpatient	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	Unknown Code	MODERATE INTELLECTUAL DISABILITIES	1			
outpatient	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	Unknown Code	MODERATE INTELLECTUAL DISABILITIES	1			
outpatient	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	Unknown Code	MODERATE INTELLECTUAL DISABILITIES	1			
outpatient	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	Unknown Code	MODERATE INTELLECTUAL DISABILITIES	1			
outpatient	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	Unknown Code	MODERATE INTELLECTUAL DISABILITIES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
outpatient	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)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1			
outpatient	J0641	INJECTION, LEVOLEUCOVORIN, 0.5 MG	Oncology	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	CORTICAL AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	CORTICAL AGE-RELATED CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF RECTUM	1			
outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1			
outpatient	63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL OR CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY, OR DISKECTOMY, (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; THORACIC	Surgery, Neurological	BENIGN NEOPLASM OF SPINAL MENINGES		1	Medical Necessity	yes
outpatient	63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	Surgery, Neurological	BENIGN NEOPLASM OF SPINAL MENINGES		1	Medical Necessity	yes
outpatient	63046	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; THORACIC	Surgery, Neurological	BENIGN NEOPLASM OF SPINAL MENINGES		1	Medical Necessity	yes
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST		1	Medical Necessity	
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			

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outpatient	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	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	ESSENTIAL (PRIMARY) HYPERTENSION	1			
outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	UNSPECIFIED SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Internal Medicine	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	66710	CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	0376T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; EACH ADDITIONAL DEVICE INSERTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			

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outpatient	0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, LEFT EYE	1			
outpatient	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			

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outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	yes
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS		1	Medical Necessity	yes
outpatient	21142	RECONSTRUCTION MIDFACE, LEFORT I;TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Internal Medicine	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Oncology, Medical	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatrics	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING		1	Medical Necessity	
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatrics	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING		1	Medical Necessity	yes
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	1			

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outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	1			
outpatient	J2786	INJECTION, RESLIZUMAB, 1 MG	Allergy & Immunology	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED		1	Medical Necessity	
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Physical Medicine & Rehabilitation	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	OTHER DISPLACED FRACTURE OF UPPER END OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	89258	CRYOPRESERVATION; EMBRYO	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Endocrinology, Reproductive	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	

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outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, BILATERAL	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	

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outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	OTHER LESIONS OF ORAL MUCOSA	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES		1	Medical Necessity	
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Urology	OVERACTIVE BLADDER	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			

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outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19318	BREAST REDUCTION	Surgery, Plastic	HYPERTROPHY OF BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			

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outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Unknown Code	UNSPECIFIED CONVULSIONS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	OTHER SPECIFIED DISORDERS INVOLVING THE IMMUNE MECHANISM, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Rheumatology	OTHER SPECIFIED DISORDERS INVOLVING THE IMMUNE MECHANISM, NOT ELSEWHERE CLASSIFIED	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			
outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1			

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outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes
outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1			
outpatient	J9308	INJECTION, RAMUCIRUMAB, 5 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1			
outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE F	Surgery, General Vascular	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Surgery, General Vascular	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	1			

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	SPASTIC DIPLEGIC CEREBRAL PALS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	SPASTIC DIPLEGIC CEREBRAL PALS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Physical Medicine & Rehabilitation	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA		1	Medical Necessity	
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Unknown Code	UNSPECIFIED CONVULSIONS	1			

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outpatient	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	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Unknown Code	UNSPECIFIED CONVULSIONS	1			
outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Neurology	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	NEUTROPENIA, UNSPECIFIED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	NEUTROPENIA, UNSPECIFIED	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	AGE-RELATED NUCLEAR CATARACT, RIGHT EYE	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	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	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1			
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	yes
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1			
outpatient	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	Rheumatology	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	1			
outpatient	95720	ELECTROENCEPHALOGRAPH (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	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology, Child	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Unknown Code	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Unknown Code	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	J0135	INJECTION, ADALIMUMAB, 20 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
outpatient	J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC PANSINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	1			

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Physical Medicine & Rehabilitati on	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventio nal Radiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1			
outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngol ogy	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngol ogy	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngol ogy	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngol ogy	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngol ogy	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngol ogy	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroente rology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Vascular & Interventio nal Radiology	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1			

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outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Pediatrics	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Pediatrics	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF LEFT UPPER EYELID	1			
outpatient	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Family Practice	UNSPECIFIED HEARING LOSS, UNSPECIFIED EAR	1			
outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			

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outpatient	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Surgery, Head & Neck	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Surgery, Head & Neck	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Surgery, Head & Neck	CHRONIC SPHENOIDAL SINUSITIS	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
outpatient	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF	Psychiatry	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	OTHER SEIZURES	1			

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outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	OTHER SEIZURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE	1			
outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Family Practice	PAIN IN LEFT LEG	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Family Practice	PAIN IN LEFT LEG	1			
outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED		1	Medical Necessity	
outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	1			

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outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Radiology, Diagnostic	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1			
outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	CHRONIC PAIN SYNDROME		1	Medical Necessity	
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	CHRONIC PAIN SYNDROME	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Physical Medicine & Rehabilitation	CHRONIC PAIN SYNDROME	1			
outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1			
outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF RIGHT EYELID	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Physical Medicine & Rehabilitation	CHRONIC PAIN SYNDROME	1			

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outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Physical Medicine & Rehabilitation	CHRONIC PAIN SYNDROME	1			
outpatient	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)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Physical Medicine & Rehabilitation	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pulmonary Disease	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
outpatient	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	1			
outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	1			
outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	1			
outpatient	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	1			
outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			

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outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION	Dermatology	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1			
outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	1			
outpatient	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME, MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS, AND STROKE-LIKE EPISODES [MELAS], MYOCLONICEPILEPSY WITH RAGGED-RED FIBERS [MERFF], NEUROPATHY, ATAXIA, AND RETINITIS PIGMENTOSA [NARP], LEBER HEREDITARY OP	Clinical Genetics-M.D.	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	
outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Clinical Genetics-M.D.	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Clinical Genetics-M.D.	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	50201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	Psychiatry	COCAINE DEPENDENCE, UNCOMPLICATED	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	POSTERIOR SUBCAPSULAR POLAR AGE-RELATED CATARACT, RIGHT EYE	1			

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outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	1			
outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER		1	Medical Necessity	
outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTIN	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			
outpatient	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Ophthalmology	COMBINED FORMS OF AGE-RELATED CATARACT, BILATERAL	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1			
outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	HALLUCINOGEN DEPENDENCE, UNCOMPLICATED	1			
outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

Aetna Texas 2021 Utilization Review Data

outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1			

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outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			

Aetna Texas 2021 Utilization Review Data

outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

Aetna Texas 2021 Utilization Review Data

outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Addiction Psychiatry	COCAINE DEPENDENCE, UNCOMPLICATED	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Addiction Psychiatry	COCAINE DEPENDENCE, UNCOMPLICATED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, EACH 15 MINUTES OF TECHNICIANS'TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WITH	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, EACH 15 MINUTES OF TECHNICIANS'TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WITH	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, EACH 15 MINUTES OF TECHNICIANS'TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WIT H	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Surgery, Plastic and Reconstructive	BLEPHAROSPASM	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	OTHER SPECIFIED PERSISTENT MOOD DISORDERS	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	OTHER SPECIFIED PERSISTENT MOOD DISORDERS	1			
outpatient	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-44MINUTES OF TOTAL TIM	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	95816	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DROWSY	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry, Child & Adolescent	OPIOID DEPENDENCE, UNCOMPLICATED	1			
outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	1			

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outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			

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outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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)	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			

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outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1			
outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Neurology & Psychiatry	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	
outpatient	J1930	INJECTION, LANREOTIDE, 1 MG	Hematology/Oncology	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED		1	Medical Necessity	
outpatient	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Geriatric	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Pediatric Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR IX DEFICIENCY	1			
outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			

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outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1			
outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF ASCENDING COLON	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Pulmonary Disease	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1			
outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Geriatric	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	PAIN IN LEFT KNEE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Pediatric Hematology-Oncology	HEREDITARY FACTOR VIII DEFICIENCY	1			

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outpatient	92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	Unknown Code	SOCIAL PRAGMATIC COMMUNICATION DISORDER	1			
outpatient	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Unknown Code	SOCIAL PRAGMATIC COMMUNICATION DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE- DETERMINATION WITH DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Sleep Medicine	MULTIPLE SCLEROSIS	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97167	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYC	Unknown Code	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION		1	Medical Necessity	
outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Unknown Code	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J3490	UNCLASSIFIED DRUGS	Hematology/Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
outpatient	J3490	UNCLASSIFIED DRUGS	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN U NDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	Oncology, Medical	OTHER IRON DEFICIENCY ANEMIAS	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF PROSTATE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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)	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Unknown Code	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	1			
outpatient	97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES IS REQUIRED; AND REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT	Unknown Code	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	1			
outpatient	97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	Unknown Code	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALI FIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
outpatient	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSI	Unknown Code	STEREOTYPED MOVEMENT DISORDERS	1			
outpatient	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Unknown Code	TRANSSEXUALISM	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Unknown Code	TRANSSEXUALISM	1			
outpatient	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-44MINUTES OF TOTAL TIME	Urology	TRANSSEXUALISM	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING 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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	Pain Management	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
outpatient	C9066	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Hematology/Oncology	ARTERITIS, UNSPECIFIED	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Unknown Code	ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S),INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVAT	Unknown Code	AUTISTIC DISORDER	1			
outpatient	0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Unknown Code	AUTISTIC DISORDER	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
outpatient	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 45-59 MINUTES OF TOT	Urology	TRANSSEXUALISM	1			
outpatient	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 60-74 MINUTES OF TOTAL T	Urology	TRANSSEXUALISM	1			
outpatient	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	Urology	TRANSSEXUALISM	1			

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outpatient	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	Unknown Code	AUTISTIC DISORDER	1			
On Campus - Outpatient			Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1			
Inpatient Hospital			Pulmonary Disease	OSTEOMYELITIS OF VERTEBRA, LUMBAR REGION	1			
Inpatient Hospital			Pulmonary Disease	OSTEOMYELITIS OF VERTEBRA, LUMBAR REGION	1			
Inpatient Hospital			Pulmonary Disease	OSTEOMYELITIS OF VERTEBRA, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)	Unknown Code	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Unknown Code	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Unknown Code	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			

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Inpatient Hospital	44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	Surgery	OTHER SPECIFIED DISEASES OF INTESTINE	1			
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	Surgery	OTHER SPECIFIED DISEASES OF INTESTINE	1			
Inpatient Hospital	44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY	Surgery	OTHER SPECIFIED DISEASES OF INTESTINE	1			
Inpatient Hospital			Surgery	OTHER SPECIFIED DISEASES OF INTESTINE	1			
Inpatient Hospital			Surgery	OTHER SPECIFIED DISEASES OF INTESTINE	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital			Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital	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	Obstetrics & Gynecology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	Otolaryngology	MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH	1			

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Inpatient Hospital	20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Medical Necessity	
Inpatient Hospital	20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Medical Necessity	yes
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Medical Necessity	
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Medical Necessity	yes
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Administrative	

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Inpatient Hospital			Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Medical Necessity	yes
Inpatient Hospital	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
Inpatient Hospital	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital			Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital	21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			

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Inpatient Hospital	33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUP	Cardiac Electrophysiology	UNSPECIFIED ATRIAL FIBRILLATION	1			
Inpatient Hospital	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACARDIAC OR GREAT VESSEL(S) STRUCTURAL INTERVENTION(S) (EG,TAVR, TRANSCATHETHER PULMONARY VALVE REPLACEMENT, MITRAL VALVE REPAIR, PARAVALVULAR REGURGITATION REPAIR, LEFT ATRIAL A	Cardiac Electrophysiology	UNSPECIFIED ATRIAL FIBRILLATION	1			
Inpatient Hospital	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Cardiac Electrophysiology	UNSPECIFIED ATRIAL FIBRILLATION	1			
Inpatient Hospital			Cardiac Electrophysiology	UNSPECIFIED ATRIAL FIBRILLATION	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	
Inpatient Hospital	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	yes
Inpatient Hospital			Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	
Inpatient Hospital			Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	yes
Inpatient Hospital			Physical Medicine & Rehabilitation	PERSONAL HISTORY OF COVID-19	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	PERSONAL HISTORY OF COVID-19	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PERSONAL HISTORY OF COVID-19	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PERSONAL HISTORY OF COVID-19	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PERSONAL HISTORY OF COVID-19	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PERSONAL HISTORY OF COVID-19	1			
Skilled Nursing Facility			Internal Medicine	OTHER NONTRAUMATIC INTRACEREBRAL HEMORRHAGE	1			
Inpatient Hospital	27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)	Surgery, Orthopedic	DISPLACED SEGMENTAL FRACTURE OF SHAFT OF RIGHT TIBIA, SUBSEQUENT ENCOUNTER FOR OPEN FRACTURE TYPE IIIA, IIIB, OR IIIC WITH NONUNION	1			
Inpatient Hospital			Surgery, Orthopedic	DISPLACED SEGMENTAL FRACTURE OF SHAFT OF RIGHT TIBIA, SUBSEQUENT ENCOUNTER FOR OPEN FRACTURE TYPE IIIA, IIIB, OR IIIC WITH NONUNION	1			

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Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED CORD COMPRESSION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED CORD COMPRESSION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED CORD COMPRESSION	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital	33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH ALLOGRAFT REPLACEMENT OF PULMONARY VALVE (ROSS PROCEDURE)	Pediatric Surgery	SUPRAVALVULAR AORTIC STENOSIS	1			
Inpatient Hospital			Pediatric Surgery	SUPRAVALVULAR AORTIC STENOSIS	1			
Inpatient Hospital	36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	Surgery	MALIGNANT NEOPLASM OF BODY OF STOMACH	1			
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	MALIGNANT NEOPLASM OF BODY OF STOMACH	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF BODY OF STOMACH	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital			Surgery	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	Surgery	EMPHYSEMA, UNSPECIFIED	1			
Inpatient Hospital	32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	Surgery	EMPHYSEMA, UNSPECIFIED	1			
Inpatient Hospital	32667	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	EMPHYSEMA, UNSPECIFIED	1			
Inpatient Hospital			Surgery	EMPHYSEMA, UNSPECIFIED	1			
Inpatient Hospital			Surgery	EMPHYSEMA, UNSPECIFIED	1			
Inpatient Hospital			Surgery	EMPHYSEMA, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OSTEOMYELITIS OF VERTEBRA, CERVICAL REGION	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital			Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital			Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital			Endocrinology, Diabetes & Metabolism	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital			Endocrinology, Diabetes & Metabolism	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	1			

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Inpatient Hospital	95717	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 WITHOUT VIDEO.	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	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	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital	62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT	Surgery, Neurological	OTHER MECHANICAL COMPLICATION OF VENTRICULAR INTRACRANIAL (COMMUNICATING) SHUNT, SUBSEQUENT ENCOUNTER	1			

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Inpatient Hospital			Surgery, Neurological	OTHER MECHANICAL COMPLICATION OF VENTRICULAR INTRACRANIAL (COMMUNICATING) SHUNT, SUBSEQUENT ENCOUNTER	1			
Skilled Nursing Facility			Internal Medicine	MULTIPLE FRACTURES OF RIBS, UNSPECIFIED SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE		1	Medical Necessity	
Skilled Nursing Facility			Internal Medicine	MULTIPLE FRACTURES OF RIBS, UNSPECIFIED SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID,	Surgery	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Surgery	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Unknown Code	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Unknown Code	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	
Inpatient Hospital	44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	Surgery, Colon & Rectal	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA	1			
Inpatient Hospital	44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	Surgery, Colon & Rectal	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	FOOT DROP, RIGHT FOOT	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	FOOT DROP, RIGHT FOOT	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	FOOT DROP, RIGHT FOOT	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DISORDER OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital	49204	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS 5.1-10.0	Endocrinology, Reproductive	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	58140	MYOMECTOMY, EXCISION OF FIBROID 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	Endocrinology, Reproductive	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			

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Inpatient Hospital	58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE LIGAMENTS; WITH PRESACRAL SYMPATHECTOMY	Endocrinology, Reproductive	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	58760	FIMBRIOPLASTY	Endocrinology, Reproductive	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Endocrinology, Reproductive	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital			Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital			Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital	57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1			
Inpatient Hospital			Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1			
Inpatient Hospital			Critical Care Medicine	COVID-19		1	Medical Necessity	
Inpatient Hospital	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES	1			
Inpatient Hospital	38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE);	Surgery	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES	1			
Inpatient Hospital			Surgery	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES	1			
Inpatient Hospital	33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH ALLOGRAFT REPLACEMENT OF PULMONARY VALVE (ROSS PROCEDURE)	Pediatric Surgery	SUPRAVALVULAR AORTIC STENOSIS	1			
Inpatient Hospital			Pediatric Surgery	SUPRAVALVULAR AORTIC STENOSIS	1			

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Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Oncology, Gynecologic	MALIGNANT NEOPLASM OF RIGHT OVARY	1			
Inpatient Hospital	49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS	Oncology, Gynecologic	MALIGNANT NEOPLASM OF RIGHT OVARY	1			
Inpatient Hospital	50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROSIS;	Oncology, Gynecologic	MALIGNANT NEOPLASM OF RIGHT OVARY	1			
Inpatient Hospital	50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	Oncology, Gynecologic	MALIGNANT NEOPLASM OF RIGHT OVARY	1			
Inpatient Hospital	99360	STANDBY SERVICE, REQUIRING PROLONGED ATTENDANCE, EACH 30 MINUTES (EG, OPERATIVE STANDBY, STANDBY FOR FROZEN SECTION, FOR CESAREAN/HIGH RISK DELIVERY, FOR MONITORING EEG)	Oncology, Gynecologic	MALIGNANT NEOPLASM OF RIGHT OVARY	1			
Inpatient Hospital			Oncology, Gynecologic	MALIGNANT NEOPLASM OF RIGHT OVARY	1			
Inpatient Hospital	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANA STOMOSIS, INCLUDES LOOP ILEOSTOMY, AND RECTAL MUCOSECTOMY, WHEN PERFORMED	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			

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Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	Surgery, Oral & Macillofacial	REVERSE ARTICULATION		1	Medical Necessity	
Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	REVERSE ARTICULATION	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	REVERSE ARTICULATION	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	REVERSE ARTICULATION	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	REVERSE ARTICULATION	1			
Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Obstetrics & Gynecology	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT OVARY	1			
Inpatient Hospital			Obstetrics & Gynecology	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT OVARY	1			

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Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Skilled Nursing Facility			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Skilled Nursing Facility			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Skilled Nursing Facility			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Skilled Nursing Facility			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			

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Skilled Nursing Facility			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Skilled Nursing Facility			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Skilled Nursing Facility			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Skilled Nursing Facility			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Pediatrics	OTHER MELIOIDOSIS	1			
Inpatient Hospital			Pediatrics	OTHER MELIOIDOSIS	1			
Inpatient Hospital			Pediatrics	OTHER MELIOIDOSIS	1			
Inpatient Hospital			Pediatrics	OTHER MELIOIDOSIS	1			
Inpatient Hospital			Pediatrics	OTHER MELIOIDOSIS	1			
Inpatient Hospital			Pediatrics	OTHER MELIOIDOSIS	1			
Inpatient Hospital			Pediatrics	OTHER MELIOIDOSIS	1			
Inpatient Hospital	27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	Pediatric Orthopedic	CONGENITAL DISLOCATION OF RIGHT HIP, UNILATERAL	1			
Inpatient Hospital	27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP	Pediatric Orthopedic	CONGENITAL DISLOCATION OF RIGHT HIP, UNILATERAL	1			

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Inpatient Hospital			Pediatric Orthopedic	CONGENITAL DISLOCATION OF RIGHT HIP, UNILATERAL	1			
Inpatient Hospital			Pediatric Thoracic & Cardiovascular Surgery	DOUBLE OUTLET RIGHT VENTRICLE	1			
Inpatient Hospital	23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES REPAIR OF TUBEROSITY(S), WHEN PERFORMED;	Surgery, Orthopedic	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES REPAIR OF TUBEROSITY(S), WHEN PERFORMED; WITH PROXIMAL HUMERAL PROSTHETIC REPLACEMENT	Surgery, Orthopedic	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital			Surgery, Orthopedic	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	OSTEOLYSIS, RIGHT THIGH	1			
Inpatient Hospital	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	Urology	CUTANEOUS ABSCESS OF PERINEUM	1			
Inpatient Hospital	44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY	Urology	CUTANEOUS ABSCESS OF PERINEUM	1			
Inpatient Hospital	53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	Urology	CUTANEOUS ABSCESS OF PERINEUM	1			
Inpatient Hospital			Urology	CUTANEOUS ABSCESS OF PERINEUM	1			
Inpatient Hospital			Urology	CUTANEOUS ABSCESS OF PERINEUM	1			

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Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Oncology, Gynecologic	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Oncology, Gynecologic	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	COVID-19	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	COVID-19	1			
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Neurology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Neurology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital			Neurology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Surgery, Oncology	LIVER CELL CARCINOMA	1			
Inpatient Hospital	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	Surgery, Oncology	LIVER CELL CARCINOMA	1			

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Inpatient Hospital	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	Surgery, Oncology	LIVER CELL CARCINOMA	1			
Inpatient Hospital			Surgery, Oncology	LIVER CELL CARCINOMA	1			
Inpatient Hospital	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT HIP PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT HIP PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	DISEASE OF APPENDIX, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	DISEASE OF APPENDIX, UNSPECIFIED	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Unknown Code	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital			Unknown Code	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9120	INJECTION, DACTINOMYCIN, 0.5 MG	Unknown Code	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Unknown Code	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SECONDARY	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SECONDARY	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLYSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLYSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLYSIS, SITE UNSPECIFIED		1	Medical Necessity	

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLYSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLYSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLYSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	DISORDER OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DISORDER OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	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)	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			

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Inpatient Hospital			Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Skilled Nursing Facility			Internal Medicine	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, NOT SPECIFIED AS RECURRENT	1			
Skilled Nursing Facility			Internal Medicine	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, NOT SPECIFIED AS RECURRENT	1			
Inpatient Hospital			Oncology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1			
Inpatient Hospital			Oncology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			

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Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital			Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J9351	INJECTION, TOPOTECAN, 0.1 MG	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Administrative	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	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)	Surgery, Neurologic al	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurologic al	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Surgery, Colon & Rectal	RECTAL PROLAPSE	1			
Inpatient Hospital			Surgery, Colon & Rectal	RECTAL PROLAPSE	1			
Inpatient Hospital	43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	Surgery, Thoracic	ESOPHAGEAL OBSTRUCTION	1			
Inpatient Hospital	43236	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	Surgery, Thoracic	ESOPHAGEAL OBSTRUCTION	1			
Inpatient Hospital	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND LOWER MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH SEPARATE THORACOSCOPIC MOBILIZATION OF THE MIDDLE	Surgery, Thoracic	ESOPHAGEAL OBSTRUCTION	1			
Inpatient Hospital			Surgery, Thoracic	ESOPHAGEAL OBSTRUCTION	1			
Inpatient Hospital	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Sports Medicine	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			

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Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Sports Medicine	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital			Sports Medicine	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital	22899	UNLISTED PROCEDURE, SPINE	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Administrative	
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP		1	Medical Necessity	
Inpatient Hospital	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Macillofacial	UNSPECIFIED ANOMALY OF JAW SIZE	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	UNSPECIFIED ANOMALY OF JAW SIZE	1			

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Inpatient Hospital			Surgery, Oral & Macillofacial	UNSPECIFIED ANOMALY OF JAW SIZE	1			
Inpatient Hospital			Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL LEFT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL LEFT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery, Colon & Rectal	OTHER SPECIFIED DISEASES OF INTESTINE	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	OTHER SPECIFIED DISEASES OF INTESTINE	1			
Inpatient Hospital			Surgery, Colon & Rectal	OTHER SPECIFIED DISEASES OF INTESTINE	1			
Inpatient Hospital	21558	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF NECK OR ANTERIOR THORAX; 5 CM OR GREATER	Otolaryngology	LOCALIZED SWELLING, MASS AND LUMP, NECK	1			
Inpatient Hospital			Otolaryngology	LOCALIZED SWELLING, MASS AND LUMP, NECK	1			
Inpatient Hospital			Oncology, Medical	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital			Oncology, Medical	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J1453	INJECTION, FOSAPREPITANT, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			

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Inpatient Hospital	J9250	METHOTREXATE SODIUM MTX 2CC OR 5MG	Oncology, Medical	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J9360	INJECTION, VINBLASTINE SULFATE, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	61550	CRANIECTOMY FOR CRANIOSTENOSIS; SINGLE SUTURE	Surgery, Neurological	CRANIOSYNOSTOSIS	1			
Inpatient Hospital	61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSIS (EG, CLOVERLEAF SKULL); RECONTOURING WITH MULTIPLE OSTEOTOMIES AND BONE AUTOGRAFTS (EG, BARREL-STAVE PROCEDURE) (INCLUDES OBTAINING GRAFTS)	Surgery, Neurological	CRANIOSYNOSTOSIS	1			
Inpatient Hospital			Surgery, Neurological	CRANIOSYNOSTOSIS	1			
Inpatient Hospital	33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	Surgery, Thoracic	THROMBOSIS DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, SEQUELA	1			
Inpatient Hospital	33244	REMOVAL OF SINGLE OR DUAL CHAMBER IMPLANTABLE DEFIBRILLATOR ELECTRODE(S); BY TRANSVENOUS EXTRACTION	Surgery, Thoracic	THROMBOSIS DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, SEQUELA	1			
Inpatient Hospital	33530	REOPERATION, CORONARY ARTEY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	THROMBOSIS DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, SEQUELA	1			
Inpatient Hospital	99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODE	Surgery, Thoracic	THROMBOSIS DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, SEQUELA	1			
Inpatient Hospital			Surgery, Thoracic	THROMBOSIS DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, SEQUELA	1			

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Inpatient Hospital			Surgery, Thoracic	THROMBOSIS DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, SEQUELA	1			
Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	Surgery, Orthopedic	MECHANICAL LOOSENING OF INTERNAL LEFT KNEE PROSTHETIC JOINT, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	MECHANICAL LOOSENING OF INTERNAL LEFT KNEE PROSTHETIC JOINT, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
Inpatient Hospital	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS, INDIRECT	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			

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Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital			Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J3590	UNCLASSIFIED BIOLOGICS	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J9351	INJECTION, TOPOTECAN, 0.1 MG	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Urology	TRANSSEXUALISM	1			
Inpatient Hospital	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	Urology	TRANSSEXUALISM	1			
Inpatient Hospital	54125	AMPUTATION OF PENIS; COMPLETE	Urology	TRANSSEXUALISM	1			

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Inpatient Hospital	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	Urology	TRANSSEXUALISM	1			
Inpatient Hospital	55150	RESECTION OF SCROTUM	Urology	TRANSSEXUALISM	1			
Inpatient Hospital	56805	CLITOROPLASTY FOR INTERSEX STATE	Urology	TRANSSEXUALISM	1			
Inpatient Hospital	57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	Urology	TRANSSEXUALISM	1			
Inpatient Hospital			Urology	TRANSSEXUALISM	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	19316	MASTOPEXY	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
Inpatient Hospital	19364	BREAST RECONSTRUCTION; WITH FREE FLAP (EG, FTRAM, DIEP, SIEA, GAP FLAP)	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1			
Skilled Nursing Facility			Unknown Code	OTHER ACUTE KIDNEY FAILURE	1			
Skilled Nursing Facility			Unknown Code	OTHER ACUTE KIDNEY FAILURE	1			
Inpatient Hospital	44210	LAPAROSCOPY, SURGICAL;COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	Surgery, Colon & Rectal	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	1			

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Inpatient Hospital			Surgery, Colon & Rectal	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID,	Surgery, General Vascular	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital			Surgery, General Vascular	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	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	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDROME	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital			Critical Care Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	Surgery, Thoracic Cardiovascular	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			

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Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
On Campus - Outpatient Hospital			Psychiatry, Child & Adolescent	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
On Campus - Outpatient Hospital			Psychiatry, Child & Adolescent	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
Inpatient Hospital	61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIV	Surgery, Neurological	ESSENTIAL TREMOR	1			
Inpatient Hospital	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIV	Surgery, Neurological	ESSENTIAL TREMOR	1			
Inpatient Hospital			Surgery, Neurological	ESSENTIAL TREMOR	1			

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Inpatient Hospital	44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
Skilled Nursing Facility			Family Practice	UNSPECIFIED FALL, SUBSEQUENT ENCOUNTER	1			
Skilled Nursing Facility			Family Practice	UNSPECIFIED FALL, SUBSEQUENT ENCOUNTER	1			
Skilled Nursing Facility			Family Practice	UNSPECIFIED FALL, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Internal Medicine	PERFORATION OF ESOPHAGUS	1			
Inpatient Hospital	44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO COLOSTOMY	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO COLOSTOMY	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO COLOSTOMY	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	POSTMENOPAUSAL BLEEDING	1			
Inpatient Hospital			Obstetrics & Gynecology	POSTMENOPAUSAL BLEEDING	1			

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Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital			Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID,	Surgery, General Vascular	OCCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1			
Inpatient Hospital			Surgery, General Vascular	OCCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Skilled Nursing Facility			Family Practice	SUBLUXATION OF LEFT ANKLE JOINT, SUBSEQUENT ENCOUNTER	1			

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Skilled Nursing Facility			Family Practice	SUBLUXATION OF LEFT ANKLE JOINT, SUBSEQUENT ENCOUNTER	1			
Skilled Nursing Facility			Family Practice	SUBLUXATION OF LEFT ANKLE JOINT, SUBSEQUENT ENCOUNTER	1			
Skilled Nursing Facility			Family Practice	SUBLUXATION OF LEFT ANKLE JOINT, SUBSEQUENT ENCOUNTER	1			
Skilled Nursing Facility			Family Practice	SUBLUXATION OF LEFT ANKLE JOINT, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	PELVIC AND PERINEAL PAIN	1			
Inpatient Hospital			Obstetrics & Gynecology	PELVIC AND PERINEAL PAIN	1			
Inpatient Hospital	43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	Surgery, Oncology	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	1			
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	1			
Skilled Nursing Facility			General Practice	COVID-19	1			
Inpatient Hospital	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Pediatric Surgery	OTHER COMPLICATIONS OF ENTEROSTOMY	1			
Inpatient Hospital			Pediatric Surgery	OTHER COMPLICATIONS OF ENTEROSTOMY	1			
Inpatient Hospital			Pediatric Surgery	OTHER COMPLICATIONS OF ENTEROSTOMY	1			
Inpatient Hospital			Pediatric Surgery	OTHER COMPLICATIONS OF ENTEROSTOMY	1			
Inpatient Hospital			Pediatric Surgery	OTHER COMPLICATIONS OF ENTEROSTOMY	1			

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Inpatient Hospital			Critical Care Medicine	QUADRIPLEGIA, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	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)	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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)	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	22633	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; LUMBAR	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	

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Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	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	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	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	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes

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Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital			Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital			Unknown Code	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	DISORDER OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	DISORDER OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
Inpatient Hospital	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)	Surgery, Orthopedic	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
Inpatient Hospital	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			

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On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
Inpatient Hospital			Internal Medicine	OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION	1			
Inpatient Hospital			Internal Medicine	OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION	1			
Inpatient Hospital			Internal Medicine	OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION	1			
Inpatient Hospital			Internal Medicine	OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION	1			
Inpatient Hospital			Internal Medicine	OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION	1			
Inpatient Hospital			Internal Medicine	OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION	1			
Inpatient Hospital			Internal Medicine	OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION	1			
Inpatient Hospital			Internal Medicine	OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION	1			
Inpatient Hospital	32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	Surgery, Thoracic Cardiovasc ular	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital			Surgery, Thoracic Cardiovasc ular	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital			Surgery	END STAGE RENAL DISEASE	1			

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Inpatient Hospital			Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital	62230	REPLACEMENT OR REVISION OF CERBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM	Surgery Critical care	OTHER MECHANICAL COMPLICATION OF INDWELLING URETHRAL CATHETER, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery Critical care	OTHER MECHANICAL COMPLICATION OF INDWELLING URETHRAL CATHETER, INITIAL ENCOUNTER	1			
Inpatient Hospital	21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	23405	TENOMYOTOMY, SHOULDER AREA; SINGLE TENDON	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR,) ARTERY; NECK (EG, CAROTID, SUBCLAVIAN)	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS		1	Medical Necessity	
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF CECUM	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF CECUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF CECUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF CECUM	1			
Inpatient Hospital	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Surgery, Neurological	LOW BACK PAIN	1			
Inpatient Hospital			Surgery, Neurological	LOW BACK PAIN	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, MULTIPLE SITES IN SPINE	1			

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Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, MULTIPLE SITES IN SPINE	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPONDYLOLISTHESIS, MULTIPLE SITES IN SPINE	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, MULTIPLE SITES IN SPINE	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, MULTIPLE SITES IN SPINE	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, MULTIPLE SITES IN SPINE	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, MULTIPLE SITES IN SPINE	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, MULTIPLE SITES IN SPINE	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, MULTIPLE SITES IN SPINE	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, MULTIPLE SITES IN SPINE	1			
Inpatient Hospital	33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SU SPENSION, WITH CORONARY RECONSTRUCTION AND VALVE-SPARING AORTIC ROOT REMODELING (EG, DAVID PROCEDURE, YACOUB PROCEDURE)	Surgery, Thoracic	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1			

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Inpatient Hospital	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOLATION AND CONTROL OF THE ARCH VESSELS, BEVELED OPEN DISTAL AORTIC ANASTOMOSIS EXTENDING UNDER ONE OR MORE OF THE ARCH VESSELS, AND TOTALCIRCULATORY ARREST OR ISOLATED CEREBRAL PERFUSION (LIST SEPARATELY IN ADDITION TO	Surgery, Thoracic	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital			Surgery, Thoracic	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CARDIAC ARREST, CAUSE UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CARDIAC ARREST, CAUSE UNSPECIFIED	1			
Inpatient Hospital	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery, Plastic	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) FOR ACUTE BOWEL OBSTRUCTION (SEPARATE PROCEDURE)	Surgery, Plastic	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery, Plastic	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery, Plastic	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Surgery, Plastic	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			

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Inpatient Hospital			Surgery, Plastic	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Surgery, Plastic	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	19361	BREAST RECONSTRUCTION; WITH LATISSIMUS DORSI FLAP	Surgery, Plastic	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Oncology, Gynecologic	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMPHADENECTOMY	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital			Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MUSCLE WEAKNESS (GENERALIZED)	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	MUSCLE WEAKNESS (GENERALIZED)	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MUSCLE WEAKNESS (GENERALIZED)	1			
Inpatient Hospital	35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	Surgery, General Vascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1			
Inpatient Hospital			Surgery, General Vascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1			
Inpatient Hospital			Surgery, General Vascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1			
Inpatient Hospital	78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESSOR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT (S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, WHOLE BODY, SINGLE DAY IMAGING	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital			Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			

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Inpatient Hospital	A9530	IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	A9582	IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MI LLICURIES	Pediatrics	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	Surgery, Oral & Macillofacial	MAXILLARY HYPERPLASIA		1	Medical Necessity	
Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	MAXILLARY HYPERPLASIA	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPERPLASIA	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	MAXILLARY HYPERPLASIA	1			
Inpatient Hospital	31591	LARYNGOPLASTY, MEDIALIZATION, UNILATERAL	Otolaryngology	PARALYSIS OF VOCAL CORDS AND LARYNX, BILATERAL	1			

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Inpatient Hospital			Otolaryngology	PARALYSIS OF VOCAL CORDS AND LARYNX, BILATERAL	1			
Inpatient Hospital	33530	REOPERATION, CORONARY ARTEY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTION OF CONDUIT FROM RIGHT VENTRICLE TO PULMONARY ARTERY AND CLOSURE OF VENTRICULAR SEPTAL DEFECT	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	33859	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, WHEN PERFORMED; FOR AORTIC DISEASE OTHER THAN DISSECTION (EG, ANEURYSM)	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Family Practice	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	1			
Inpatient Hospital			Family Practice	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	yes
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	

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Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	yes
Inpatient Hospital	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	yes
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	yes

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Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	1			
Inpatient Hospital	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	1			
Inpatient Hospital	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	UNSPECIFIED FRACTURE OF HEAD OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	43633	GASTRECTOMY, PARTIAL, DISTAL, WITH ROUX-EN-Y RECONSTRUCTION	Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding		1	Administrative	
Inpatient Hospital	43633	GASTRECTOMY, PARTIAL, DISTAL, WITH ROUX-EN-Y RECONSTRUCTION	Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding		1	Medical Necessity	yes
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding		1	Administrative	

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Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding		1	Medical Necessity	yes
Inpatient Hospital			Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding		1	Medical Necessity	
Inpatient Hospital			Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding		1	Medical Necessity	yes
Inpatient Hospital			Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital			Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital	11971	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	19364	BREAST RECONSTRUCTION; WITH FREE FLAP (EG, FTRAM, DIEP, SIEA, GAP FLAP)	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1			
Inpatient Hospital	49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery, Plastic and Reconstructive	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Surgery, Plastic and Reconstructive	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER;REDUCIBLE	Surgery, Plastic and Reconstructive	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			

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Inpatient Hospital			Surgery, Plastic and Reconstructive	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE		1	Medical Necessity	
Inpatient Hospital	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS, PERICARDIAL SAC, MEDIASTINAL OR PLEURAL SPACE, WITHOUT BIOPSY	Pediatric Thoracic & Cardiovascular Surgery	OTHER CONGENITAL MALFORMATIONS OF OTHER GREAT ARTERIES	1			
Inpatient Hospital	33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	Pediatric Thoracic & Cardiovascular Surgery	OTHER CONGENITAL MALFORMATIONS OF OTHER GREAT ARTERIES	1			
Inpatient Hospital			Pediatric Thoracic & Cardiovascular Surgery	OTHER CONGENITAL MALFORMATIONS OF OTHER GREAT ARTERIES	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Unknown Code	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Unknown Code	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Unknown Code	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9120	INJECTION, DACTINOMYCIN, 0.5 MG	Unknown Code	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Unknown Code	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Unknown Code	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Congenital Cardiac/Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Congenital Cardiac/Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Congenital Cardiac/Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Congenital Cardiac/Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	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)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	21601	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)	Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital	63266	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; THORACIC	Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE		1	Medical Necessity	
Inpatient Hospital			Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE		1	Medical Necessity	

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Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	51840	ANTERIOR VESICourethroPEXY, OR UREthroPEXY (MARSHALL-MARCHETTI-KRANTZ, BURCH); SIMPLE	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	yes
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	yes
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	
Inpatient Hospital	93312	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M MODE RECORDING) TRANSESOPHAGEAL; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT	Cardiovascular Disease	LEAKAGE OF HEART VALVE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital	93590	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, MITRAL VALVE	Cardiovascular Disease	LEAKAGE OF HEART VALVE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Cardiovascular Disease	LEAKAGE OF HEART VALVE PROSTHESIS, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Cardiovascular Disease	LEAKAGE OF HEART VALVE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital	58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 GRAMS, ABDOMINAL APPROACH	Obstetrics & Gynecology	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital			Obstetrics & Gynecology	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital	57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	Obstetrics & Gynecology	PELVIC AND PERINEAL PAIN	1			
Inpatient Hospital			Obstetrics & Gynecology	PELVIC AND PERINEAL PAIN	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	COVID-19	1			
Inpatient Hospital	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	Pediatric Neurology	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1			
Inpatient Hospital			Pediatric Neurology	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS		1	Medical Necessity	
Inpatient Hospital			Pediatric Neurology	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS		1	Medical Necessity	
Inpatient Hospital	47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	Surgery, Oncology	OBSTRUCTION OF BILE DUCT	1			
Inpatient Hospital			Surgery, Oncology	OBSTRUCTION OF BILE DUCT	1			

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Inpatient Hospital			Surgery, Oncology	OBSTRUCTION OF BILE DUCT	1			
Inpatient Hospital			Surgery, Oncology	OBSTRUCTION OF BILE DUCT	1			
Inpatient Hospital			Surgery, Oncology	OBSTRUCTION OF BILE DUCT	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	63044	LAMINOTOMY (HEMILAMINECTOMY), W/ DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, REEXPLORATION, SINGLE INTERSPACE; E/ADDTNAL LUMBARL	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	Pediatric Plastic Surgery	ENCEPHALOCELE, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Plastic Surgery	ENCEPHALOCELE, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH VEIN PATCH ANGIOPLASTY	Surgery, General Vascular	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS	1			
Inpatient Hospital	37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL ANGIOPLASTY	Surgery, General Vascular	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS	1			
Inpatient Hospital			Surgery, General Vascular	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS	1			

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1			
Inpatient Hospital	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)	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1			
Inpatient Hospital	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)	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1			
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1			
Inpatient Hospital	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	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1			
Inpatient Hospital	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1			
Inpatient Hospital	27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			

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Inpatient Hospital			Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY LOCAL)	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	19325	BREAST AUGMENTATION WITH IMPLANT	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	21122	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL) SLIDING OSTEOTOMIES, TWO OR MORE OSTEOMIES(EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	21139	REDUCTION FOREHEAD; CONTOURING ONLY CONTOURING AND SET BACK OF ANTERIOR FRONTAL SINUS WALL	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	

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Inpatient Hospital	21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital			Surgery, Plastic	TRANSSEXUALISM		1	Administrative	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTION AND ANASTOMOSIS	Pediatric Surgery	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Pediatric Surgery	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID,	Surgery, General Vascular	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	1			
Inpatient Hospital	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY	Surgery, General Vascular	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	1			
Inpatient Hospital			Surgery, General Vascular	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	1			
Inpatient Hospital	43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIAN'S SKILL AND FLUOROSCOPIC GUIDANCE (INCLUDES FLUOROSCOPY, IMAGE DOCUMENTATION AND REPORT)	Pediatric Gastroenterology	FULL INCONTINENCE OF FECES	1			
Inpatient Hospital	45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	Pediatric Gastroenterology	FULL INCONTINENCE OF FECES	1			
Inpatient Hospital	91122	ANORECTAL MANOMETRY	Pediatric Gastroenterology	FULL INCONTINENCE OF FECES	1			
Inpatient Hospital			Pediatric Gastroenterology	FULL INCONTINENCE OF FECES	1			
Inpatient Hospital			Pediatric Gastroenterology	FULL INCONTINENCE OF FECES	1			
Inpatient Hospital			Pediatric Gastroenterology	FULL INCONTINENCE OF FECES	1			

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Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	Obstetrics & Gynecology	DYSMENORRHEA, UNSPECIFIED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	DYSMENORRHEA, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	DYSMENORRHEA, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes

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Inpatient Hospital			Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Administrative	
Inpatient Hospital			Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	yes
On Campus - Outpatient Hospital			Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
On Campus - Outpatient Hospital			Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
On Campus - Outpatient Hospital			Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
On Campus - Outpatient Hospital			Psychiatry	DISRUPTIVE MOOD DYSREGULATION DISORDER	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			

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Inpatient Hospital	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Surgery Critical care	COLOSTOMY STATUS	1			
Inpatient Hospital			Surgery Critical care	COLOSTOMY STATUS	1			
Skilled Nursing Facility			Unknown Code	CEREBRAL INFARCTION, UNSPECIFIED	1			
Skilled Nursing Facility			Unknown Code	CEREBRAL INFARCTION, UNSPECIFIED	1			
Skilled Nursing Facility			Unknown Code	CEREBRAL INFARCTION, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery, Colon & Rectal	POLYP OF COLON	1			
Inpatient Hospital	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery, Colon & Rectal	POLYP OF COLON	1			
Inpatient Hospital	49255	OMENECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	Surgery, Colon & Rectal	POLYP OF COLON	1			
Inpatient Hospital			Surgery, Colon & Rectal	POLYP OF COLON	1			

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Inpatient Hospital	55842	PROSTATECTOMY, RETROPUBIC RADICAL; WITH LYMPH NODE BIOPSY(S)(LIMITED PELVIC LYMPHADENECTOMY)	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENSIONAL IMAGE ACQUISITION AND INTERPRETATION LEADING TO ONGOING (CONTINUOUS) ASSESSMENT OF (DYNAMICALLY CHANGING) CARDIAC PUMPING FUNCTION AND TO	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	35702	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; UPPER EXTREMITY (EG, AXILLARY, BRACHIAL, RADIAL, ULNAR)	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	FEMALE PELVIC PERITONEAL ADHESIONS (POSTINFECTIVE)	1			
Inpatient Hospital	58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	Obstetrics & Gynecology	FEMALE PELVIC PERITONEAL ADHESIONS (POSTINFECTIVE)	1			
Inpatient Hospital			Obstetrics & Gynecology	FEMALE PELVIC PERITONEAL ADHESIONS (POSTINFECTIVE)	1			

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Inpatient Hospital	50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital			Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital			Internal Medicine	HB-SS DISEASE WITH ACUTE CHEST SYNDROME	1			
Inpatient Hospital	49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding	1			
Inpatient Hospital			Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
Inpatient Hospital			Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MULTIPLE FRACTURES OF RIBS, LEFT SIDE, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MULTIPLE FRACTURES OF RIBS, LEFT SIDE, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1			
Inpatient Hospital	37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, OPEN OR PERCUTANEOUS, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; WITH DISTAL EMBOLIC PROTECTION	Surgery	OCCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Surgery	OCCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			

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Inpatient Hospital			Obstetrics & Gynecology	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital			Obstetrics & Gynecology	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital			Obstetrics & Gynecology	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRACARDIAC TYPES)	Pediatric Thoracic & Cardiovascular Surgery	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION	1			
Inpatient Hospital			Pediatric Thoracic & Cardiovascular Surgery	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			

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Inpatient Hospital	61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOSSA FOLLOWING SURGERY OF THE SKULL BASE; BY LOCAL OR REGIONALIZED VACULARIZED PEDICLE FLAP OR MYOCUTANEOUS FLAP (INCLUDING GALEA, TEMPORALIS, FRONTALIS OR OCCIPIT	Otolaryngology	MALIGNANT NEOPLASM OF NASAL CAVITY	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	MALIGNANT NEOPLASM OF NASAL CAVITY	1			
Inpatient Hospital	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	MALIGNANT NEOPLASM OF NASAL CAVITY	1			
Inpatient Hospital	62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR CATHETER FOR DRAINAGE	Otolaryngology	MALIGNANT NEOPLASM OF NASAL CAVITY	1			
Inpatient Hospital	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Otolaryngology	MALIGNANT NEOPLASM OF NASAL CAVITY	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	MALIGNANT NEOPLASM OF NASAL CAVITY	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF NASAL CAVITY	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22850	REMOVAL OF POSTERIOR INSTRUMENTATION (EG, HARRINGTON ROD)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
Inpatient Hospital	35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER EXTREMITY (EG, COMMON FEMORAL, DEEP FEMORAL, SUPERFICIAL FEMORAL, POPLI TEAL, TIBIAL, PERONEAL	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
Inpatient Hospital	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY INJECTIONS (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
Inpatient Hospital	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	

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Inpatient Hospital	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VE IN GRAFT), EACH NERVE	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST		1	Medical Necessity	
Inpatient Hospital			Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery, Oncology	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX	1			
Inpatient Hospital	45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE, ONE OR TWO STAGES	Surgery, Oncology	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX	1			
Inpatient Hospital	49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	Surgery, Oncology	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX	1			
Inpatient Hospital	63268	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; SACRAL	Surgery, Oncology	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX	1			
Inpatient Hospital	64874	SUTURE OF NERVE; REQUIRING EXTENSIVE PROXIMAL MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)	Surgery, Oncology	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX	1			
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX	1			
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX	1			
Inpatient Hospital	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			

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Inpatient Hospital	27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE, FEMUR	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19361	BREAST RECONSTRUCTION; WITH LATISSIMUS DORSI FLAP	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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Inpatient Hospital	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	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)	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	1			
Inpatient Hospital	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	Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	Surgery, Neurological	Perineural cyst		1	Medical Necessity	yes

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Inpatient Hospital			Surgery, Neurological	Perineural cyst		1	Medical Necessity	yes
Inpatient Hospital	61591	INFRA TEMPORAL POST-AURICULAR PACHA TO MIDDLE CRANIAL FOSSA (INTERNAL AUDITORY MEATUS, PETROUS APEX, TENTORIUM, CAVERNOUS SINUS, PARASELLAR AREA, INFRA TEMPORAL FOSSA) INCLUDING MASTOIDECTOMY, RESECTION OF SIGMOID SINUS, WITH OR WITHOUT DECOMPRESSION A	Surgery, Neurological	NEOPLASM OF UNCERTAIN BEHAVIOR OF PITUITARY GLAND	1			
Inpatient Hospital			Surgery, Neurological	NEOPLASM OF UNCERTAIN BEHAVIOR OF PITUITARY GLAND	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital			Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	55970	INTERSEX SURGERY; MALE TO FEMALE	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
Inpatient Hospital	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	1			

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Inpatient Hospital	22633	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; lumbar	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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; each additional interspace and segm	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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; each additional interspace and segm	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J3590	UNCLASSIFIED BIOLOGICS	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J9206	INJECTION, IRINOTECAN, 20 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Surgery	LIVER CELL CARCINOMA	1			
Inpatient Hospital	47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	Surgery	LIVER CELL CARCINOMA	1			
Inpatient Hospital			Surgery	LIVER CELL CARCINOMA	1			
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	NAUSEA	1			
Inpatient Hospital			Surgery	NAUSEA	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED FRACTURE OF LEFT PUBIS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED FRACTURE OF LEFT PUBIS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	Surgery	VENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital	33475	REPLACEMENT, PULMONARY VALVE	Surgery	VENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERARTRIAL COMMUNICATION (IE, FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	Surgery	VENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital			Surgery	VENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital			Surgery	VENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INTRACRANIAL INJURY WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INTRACRANIAL INJURY WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	Surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	Surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			

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Inpatient Hospital			Surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital			Surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Critical Care Medicine	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Critical Care Medicine	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Critical Care Medicine	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital			Critical Care Medicine	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			

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Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	61535	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR REMOVAL OF EPIDURAL ELECTRODE ARRAY, WITHOUT EXCISION OF CEREBRAL TISSUE (SEPARATE PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			

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Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1			

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Inpatient Hospital			Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	COVID-19	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	COVID-19	1			

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Inpatient Hospital			Cardiovascular Disease	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery, Colon & Rectal	ILEOSTOMY STATUS	1			
Inpatient Hospital	45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	Surgery, Colon & Rectal	ILEOSTOMY STATUS	1			
Inpatient Hospital			Surgery, Colon & Rectal	ILEOSTOMY STATUS	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1			

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	yes
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1			

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Inpatient Hospital	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, SUPRATENTORIAL	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, SUPRATENTORIAL	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, SUPRATENTORIAL	1			
Inpatient Hospital	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLORECTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	ANEMIA, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	ANEMIA, UNSPECIFIED	1			

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Inpatient Hospital	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Macillofacial	UNSPECIFIED ANOMALY OF JAW-CRANIAL BASE RELATIONSHIP	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	UNSPECIFIED ANOMALY OF JAW-CRANIAL BASE RELATIONSHIP	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	UNSPECIFIED ANOMALY OF JAW-CRANIAL BASE RELATIONSHIP	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			

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Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLORECTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLORECTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	33259	ATRIA ABLATE & RCNSTJ W OTHER PX EXTENSIVE W	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			

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Inpatient Hospital	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1			
Inpatient Hospital			Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1			
Inpatient Hospital			Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1			
Inpatient Hospital			Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1			
Inpatient Hospital			Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1200	INJECTION, DIPHENHYDRAMINE HCl, UP TO 50 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			

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Inpatient Hospital	J1454	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J2060	INJECTION, LORAZEPAM, 2 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9045	INJECTION, CARBOPLATIN, 50 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	S0028	INJECTION FAMATODINE, 20 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA		1	Medical Necessity	yes

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Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	FOOT DROP, RIGHT FOOT	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	FOOT DROP, RIGHT FOOT	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	FOOT DROP, RIGHT FOOT	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	FOOT DROP, RIGHT FOOT	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	FOOT DROP, RIGHT FOOT	1			
Inpatient Hospital	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	Surgery, Neurological	FOOT DROP, RIGHT FOOT	1			
Inpatient Hospital	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	Surgery, Neurological	FOOT DROP, RIGHT FOOT	1			
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	FOOT DROP, RIGHT FOOT	1			

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Inpatient Hospital			Surgery, Neurological	FOOT DROP, RIGHT FOOT	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SEQUELAE OF CEREBRAL INFARCTION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SEQUELAE OF CEREBRAL INFARCTION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SEQUELAE OF CEREBRAL INFARCTION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF OTHER INTERNAL ORTHOPEDIC DEVICES, IMPLANTS AND GRAFTS, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital	58140	MYOMECTOMY, EXCISION OF FIBROID 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	Obstetrics & Gynecology	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital			Obstetrics & Gynecology	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Skilled Nursing Facility			Family Practice	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY	1			

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On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE		1		
Inpatient Hospital			Surgery, Plastic	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP		1	Medical Necessity	
Inpatient Hospital	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital			Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital			Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital			Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	1			
Inpatient Hospital			Otolaryngology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SECONDARY MALIGNANT NEOPLASM OF BONE	1			

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Inpatient Hospital	93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING (WHEN	Cardiac Electrophysiology	VENTRICULAR TACHYCARDIA	1			
Inpatient Hospital	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	Cardiac Electrophysiology	VENTRICULAR TACHYCARDIA	1			
Inpatient Hospital			Cardiac Electrophysiology	VENTRICULAR TACHYCARDIA	1			
Inpatient Hospital			Internal Medicine	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	1			
Inpatient Hospital			Internal Medicine	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes

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Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes

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Inpatient Hospital	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	HYPERTROPHY OF UTERUS	1			
Inpatient Hospital			Obstetrics & Gynecology	HYPERTROPHY OF UTERUS	1			
Skilled Nursing Facility/Inpatient			Internal Medicine	PAIN IN RIGHT KNEE	1			
Skilled Nursing Facility			Internal Medicine	PAIN IN RIGHT KNEE	1			
Skilled Nursing Facility			Internal Medicine	PAIN IN RIGHT KNEE	1			
Skilled Nursing Facility			Internal Medicine	PAIN IN RIGHT KNEE	1			

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Skilled Nursing Facility			Internal Medicine	PAIN IN RIGHT KNEE	1			
Skilled Nursing Facility			Internal Medicine	PAIN IN RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	78195	LYMPHATICS AND LYMPH NODES IMAGING	Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	78195	LYMPHATICS AND LYMPH NODES IMAGING	Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Oncology, Gynecologic	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1			
Inpatient Hospital			Oncology, Gynecologic	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1			
Inpatient Hospital	20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN SKULL OSTEOLOGY (EG, PEDIATRIC PATIENTS, HYDROCEPHALUS, OSTEOGENESIS IMPERFECTA)	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	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)	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22216	REVISE, EXTRA SPINE SEGMENT	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			

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Inpatient Hospital	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Family Practice	OPIOID DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital			Family Practice	OPIOID DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL LEFT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED FOCAL TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF 1 HOUR TO 5 HOURS 59 MINUTES, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Rehabilitation Medicine	ENCEPHALOPATHY, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER		1	Medical Necessity	

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Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER		1	Medical Necessity	yes
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	63057	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK); EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Administrative	
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLORECTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	ENDOMETRIOSIS OF INTESTINE	1			
Inpatient Hospital	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLORECTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery, Colon & Rectal	ENDOMETRIOSIS OF INTESTINE	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENDOMETRIOSIS OF INTESTINE	1			
Inpatient Hospital	36260	INSERTION OF IMPLANTABLE INFUSION PUMP (EG, FOR CHEMOTHERAPY OF LIVER)	Surgery, Oncology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	44146	COLECTOMY, PARTIAL; WITH COLORECTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	Surgery, Oncology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Surgery, Oncology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			

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Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	Surgery, Thoracic Cardiovascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1			
Inpatient Hospital	49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital	96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CATHETER	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital			Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC HEMORRHAGE OF CEREBRUM, UNSPECIFIED, WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Unknown Code	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Unknown Code	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
Inpatient Hospital			Unknown Code	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF RECTUM	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF RECTUM		1	Medical Necessity	
Inpatient Hospital	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	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	Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital			Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	58180	SUPRACERVICAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Obstetrics & Gynecology	SECONDARY DYSMENORRHEA	1			
Inpatient Hospital			Obstetrics & Gynecology	SECONDARY DYSMENORRHEA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	FRACTURE OF UNSPECIFIED PART OF SCAPULA, LEFT SHOULDER, INITIAL ENCOUNTER FOR OPEN FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	FRACTURE OF UNSPECIFIED PART OF SCAPULA, LEFT SHOULDER, INITIAL ENCOUNTER FOR OPEN FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	FRACTURE OF UNSPECIFIED PART OF SCAPULA, LEFT SHOULDER, INITIAL ENCOUNTER FOR OPEN FRACTURE	1			
Inpatient Hospital			Family Practice	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Family Practice	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Family Practice	ACUTE RESPIRATORY FAILURE WITH HYPOXIA		1	Medical Necessity	
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Hematology/Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital			Hematology/Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			

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Inpatient Hospital	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J1453	INJECTION, FOSAPREPITANT, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J9260	METHOTREXATE SODIUM MTX 2CC OR 50MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J9360	INJECTION, VINBLASTINE SULFATE, 1 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital			Pain Management	METABOLIC ENCEPHALOPATHY	1			
Inpatient Hospital			Pain Management	METABOLIC ENCEPHALOPATHY	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			

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Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			

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Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	38720	CERVICAL LYMPHADENECTOMY (COMPLETE);	Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF THYROID GLAND	1			
Inpatient Hospital	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF THYROID GLAND	1			
Inpatient Hospital	60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHUSECTOMY	Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF THYROID GLAND	1			
Inpatient Hospital	60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF THYROID GLAND	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF THYROID GLAND	1			
Inpatient Hospital			Family Practice	VIRAL PNEUMONIA, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			

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Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROACH FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA OR NERVE ROOT(S), LOWER THORACIC, LUMBAR, OR SACRAL; SINGLE SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	

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Inpatient Hospital	63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROACH WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA OR NERVE ROOT(S), LOWER THORACIC, LUMBAR, OR SACRAL; EACH ADDITIONAL SEGMENT (LIST SEPARATELY	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital			Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital			Critical Care Medicine	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital			Critical Care Medicine	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22800	ARTHRODESES, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6 VERTEBRAL SEGMENTS	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22830	EXPLORATION OF SPINAL FUSION	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH IMPLANTATION OF MESH	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE		1	Medical Necessity	
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	1			

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Inpatient Hospital			Surgery, Orthopedic	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE		1	Medical Necessity	
Inpatient Hospital	47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	Surgery, Oncology	OBSTRUCTION OF BILE DUCT	1			
Inpatient Hospital			Surgery, Oncology	OBSTRUCTION OF BILE DUCT	1			
Inpatient Hospital			Surgery, Oncology	OBSTRUCTION OF BILE DUCT	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLORECTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery, Colon & Rectal	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital			Surgery, Colon & Rectal	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital	J9120	INJECTION, DACTINOMYCIN, 0.5 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEO PROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	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)	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			

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Inpatient Hospital	22849	REINSERTION OF SPINAL FIXATION DEVICE	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	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	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital			Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital			Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital			Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital			Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital			Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital	48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	Surgery	MALIGNANT NEOPLASM OF RETROPERITONEUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RETROPERITONEUM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			

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Inpatient Hospital	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital			Surgery	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR		1	Medical Necessity	
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION		1	Administrative	
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	Surgery, General Vascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			

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Inpatient Hospital	35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	Surgery, General Vascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital	35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN, AORTOINNOMINATE, OR AORTOCAROTID	Surgery, General Vascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Surgery, General Vascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Surgery, General Vascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Surgery, General Vascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Surgery, Orthopedic	MECHANICAL LOOSENING OF INTERNAL RIGHT KNEE PROSTHETIC JOINT, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Pediatrics	SUPRAVALVULAR AORTIC STENOSIS	1			
Inpatient Hospital	61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL) HEMISPHERECTOMY	Surgery, Neurological	HYDROCEPHALUS, UNSPECIFIED	1			
Inpatient Hospital	61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SINGLE OR MULTIPLE STAGES; SUBCORTICAL STRUCTURE(S) OTHER THAN GLOBUS PALLIDUS OR THALAMUS	Surgery, Neurological	HYDROCEPHALUS, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	HYDROCEPHALUS, UNSPECIFIED	1			
Inpatient Hospital			Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
Inpatient Hospital			Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			

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Inpatient Hospital			Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
Inpatient Hospital			Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
Inpatient Hospital			Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			
Inpatient Hospital	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			
Inpatient Hospital	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	FUSION OF SPINE, LUMBAR REGION	1			
Inpatient Hospital	43239	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	Surgery, Oncology	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	1			
Inpatient Hospital	43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	Surgery, Oncology	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	1			
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	1			
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			

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Inpatient Hospital			Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			
Inpatient Hospital			Internal Medicine	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Internal Medicine	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital			Obstetrics & Gynecology	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPECIFIED POSTPROCEDURAL STATES		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPECIFIED POSTPROCEDURAL STATES	1			

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Inpatient Hospital	33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	Surgery, Thoracic Cardiovascular	ATRIOVENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATRIOVENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital	44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	Surgery	ILEOSTOMY STATUS	1			
Inpatient Hospital			Surgery	ILEOSTOMY STATUS	1			
Inpatient Hospital	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Surgery	ILEOSTOMY STATUS	1			
Inpatient Hospital			Surgery	ILEOSTOMY STATUS	1			
Inpatient Hospital			Surgery	ILEOSTOMY STATUS	1			
Inpatient Hospital			Surgery	ILEOSTOMY STATUS	1			
Inpatient Hospital	27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	1			
Inpatient Hospital			Surgery, Orthopedic	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	1			
Inpatient Hospital	58140	MYOMECTOMY, EXCISION OF FIBROID 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	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			

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Inpatient Hospital	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	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	Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Pediatrics	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Sports Medicine	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Sports Medicine	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	

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Inpatient Hospital	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)	Sports Medicine	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Sports Medicine	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Sports Medicine	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital			Sports Medicine	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE ORE MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE ORE MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			

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Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	Unknown Code	CEREBRAL ANEURYSM, NONRUPTURED	1			
Inpatient Hospital			Unknown Code	CEREBRAL ANEURYSM, NONRUPTURED	1			
Inpatient Hospital			Unknown Code	CEREBRAL ANEURYSM, NONRUPTURED	1			
Inpatient Hospital	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			

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Inpatient Hospital	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Surgery, Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	44210	LAPAROSCOPY, SURGICAL;COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITI ONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO C ODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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Inpatient Hospital			Surgery, Plastic	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Internal Medicine	SEPSIS, UNSPECIFIED ORGANISM		1	Medical Necessity	
Inpatient Hospital	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery, Colon & Rectal	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER FRACTURE OF LEFT LOWER LEG, INITIAL ENCOUNTER FOR CLOSED FRACTURE		1	Medical Necessity	
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital			Critical Care Medicine	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital	44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT VOLVULUS (EG, LADD PROCEDURE)	Pediatric Surgery	CONGENITAL MALFORMATIONS OF INTESTINAL FIXATION	1			
Inpatient Hospital			Pediatric Surgery	CONGENITAL MALFORMATIONS OF INTESTINAL FIXATION	1			

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Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital	57280	COLPOPEXY, ABDOMINAL APPROACH	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
Inpatient Hospital			Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
Inpatient Hospital			Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1			
Inpatient Hospital			Surgery, Neurological	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1			

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			

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Inpatient Hospital	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	61107	TWIST DRILL HOLE(S) FOR SUBDURAL, INTRACEREBRAL, OR VENTRICULAR	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOSSA FOLLOWING SURGERY OF THE SKULL BASE; BY FREE TISSUE GRAFT (EG, PERICRANIUM, FASCIA, TENSOR FASCIA LATA, ADIPOSE TISSUE, HOMOLOGOUS OR SYNTHETIC GRAFTS)	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			

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Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS.	Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital	43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WITH OR WITHOUT PROXIMAL GASTRECTOMY; WITH THORACIC ESOPHAGOGASTROSTOMY, WITH OR WITHOUT PYLOROPLASTY (IVOR LEWIS)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1			
Inpatient Hospital	32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR OR MASS	Surgery, Thoracic	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1			
Inpatient Hospital			Surgery, Thoracic	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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Inpatient Hospital			Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1200	INJECTION, DIPHENHYDRAMINE HCl, UP TO 50 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1453	INJECTION, FOSAPREPITANT, 1 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J2060	INJECTION, LORAZEPAM, 2 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J2469	INJECTION, PALONOSETRON HCL, 25 MCG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J3480	INJECTION, POTASSIUM CHLORIDE, PER 2MEQ	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			

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Inpatient Hospital	J9045	INJECTION, CARBOPLATIN, 50 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9100	INJECTION, CYTARABINE, 100 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	S0028	INJECTION FAMATODINE, 20 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Internal Medicine	PNEUMONIA, UNSPECIFIED ORGANISM	1			
Inpatient Hospital	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	RECTAL PROLAPSE	1			
Inpatient Hospital			Surgery	RECTAL PROLAPSE	1			
Inpatient Hospital	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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	
Inpatient Hospital	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE) , INITIAL	Pediatric Surgery	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Surgery	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			

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Inpatient Hospital			Pediatric Surgery	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Surgery	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22830	EXPLORATION OF SPINAL FUSION	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22849	REINSERTION OF SPINAL FIXATION DEVICE	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital	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)	Surgery, Orthopedic	ARTHRODESIS STATUS	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	ARTHRODESIS STATUS	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	ARTHRODESIS STATUS	1			

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Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	ARTHRODESIS STATUS	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	ARTHRODESIS STATUS	1			
Inpatient Hospital	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	Surgery, Orthopedic	ARTHRODESIS STATUS	1			
Inpatient Hospital	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	Surgery, Orthopedic	ARTHRODESIS STATUS	1			
Inpatient Hospital			Surgery, Orthopedic	ARTHRODESIS STATUS	1			
Inpatient Hospital			Unknown Code	BRIEF PSYCHOTIC DISORDER	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatrics	MALIGNANT NEOPLASM OF MANDIBLE	1			
Inpatient Hospital			Pediatrics	MALIGNANT NEOPLASM OF MANDIBLE	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatrics	MALIGNANT NEOPLASM OF MANDIBLE	1			
Inpatient Hospital	J9120	INJECTION, DACTINOMYCIN, 0.5 MG	Pediatrics	MALIGNANT NEOPLASM OF MANDIBLE	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatrics	MALIGNANT NEOPLASM OF MANDIBLE	1			
Inpatient Hospital			Addiction Psychiatry	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			

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Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Critical Care Medicine	COVID-19	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Otolaryngology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE AND NECK	1			
Inpatient Hospital	15758	FREE FASCIAL WITH MICROVASCULAR ANATOMOSIS	Otolaryngology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE AND NECK	1			
Inpatient Hospital	31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE OR TELESCOPE	Otolaryngology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE AND NECK	1			
Inpatient Hospital	31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	Otolaryngology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE AND NECK	1			
Inpatient Hospital	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Otolaryngology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE AND NECK	1			
Inpatient Hospital	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE AND NECK	1			

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Inpatient Hospital	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	Otolaryngology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE AND NECK	1			
Inpatient Hospital	43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)	Otolaryngology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE AND NECK	1			
Inpatient Hospital			Otolaryngology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE AND NECK	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH IMPLANTATION OF MESH	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			

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Inpatient Hospital			Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	1			
Inpatient Hospital	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER CEREBROVASCULAR DISEASE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER CEREBROVASCULAR DISEASE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER CEREBROVASCULAR DISEASE	1			
Inpatient Hospital	44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN DEPTH)	Surgery	COLOSTOMY COMPLICATION, UNSPECIFIED	1			
Inpatient Hospital			Surgery	COLOSTOMY COMPLICATION, UNSPECIFIED	1			

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Inpatient Hospital	50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTING OR BASKET EXTRACTION; OVER 2 CM	Urology	CALCULUS OF KIDNEY	1			
Inpatient Hospital			Urology	CALCULUS OF KIDNEY		1	Medical Necessity	
Inpatient Hospital	58180	SUPRACERVICAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Obstetrics & Gynecology	BENIGN ENDOMETRIAL HYPERPLASIA	1			
Inpatient Hospital	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Obstetrics & Gynecology	BENIGN ENDOMETRIAL HYPERPLASIA	1			
Inpatient Hospital			Obstetrics & Gynecology	BENIGN ENDOMETRIAL HYPERPLASIA	1			
Inpatient Hospital			Obstetrics & Gynecology	BENIGN ENDOMETRIAL HYPERPLASIA	1			
Inpatient Hospital	61536	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF CEREBRAL EPILEPTOGENIC FOCUS, WITH ELECTROCORTICOGRAPHY DURING SURGERY (INCLUDES REMOVAL OF ELECTRODE ARRAY)	Surgery, Neurological	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
Inpatient Hospital	61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SEIZURE MONITORING	Surgery, Neurological	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
Inpatient Hospital	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	Surgery, Neurological	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITH STATUS EPILEPTICUS	1			

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Inpatient Hospital			Surgery, Neurological	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITH STATUS EPILEPTICUS	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital	43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			

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Inpatient Hospital			Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Skilled Nursing Facility			Internal Medicine	OSTEOMYELITIS, UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	OSTEOMYELITIS, UNSPECIFIED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE BLEEDING IN THE PREMENOPAUSAL PERIOD	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE BLEEDING IN THE PREMENOPAUSAL PERIOD	1			
Inpatient Hospital			Surgery, Orthopedic	INFECTION FOLLOWING A PROCEDURE, OTHER SURGICAL SITE, INITIAL ENCOUNTER	1			
Inpatient Hospital	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	SEVERE SEPSIS WITH SEPTIC SHOCK	1			
Inpatient Hospital			Internal Medicine	SEVERE SEPSIS WITH SEPTIC SHOCK	1			
Inpatient Hospital			Internal Medicine	SEVERE SEPSIS WITH SEPTIC SHOCK	1			
Inpatient Hospital			Internal Medicine	SEVERE SEPSIS WITH SEPTIC SHOCK		1	Medical Necessity	

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Skilled Nursing Facility			Emergency Medicine	MULTIPLE FRACTURES OF RIBS, LEFT SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE		1	Medical Necessity	
Inpatient Hospital	58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 GRAMS, ABDOMINAL APPROACH	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	63710	DURAL GRAFT, SPINAL	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			

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Inpatient Hospital	62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, -OTHER TERMINUS	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, LEFT HIP	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22800	ARTHRODESES, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6 VERTEBRAL SEGMENTS	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22849	REINSERTION OF SPINAL FIXATION DEVICE	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH BRONCHIAL ALVEOLAR LAVAGE	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1			
Inpatient Hospital	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; WITH COMPUTER-ASSISTED, IMAGE-GUIDED NAVIGATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE[S])	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1			
Inpatient Hospital	32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1			
Inpatient Hospital	32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1			

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Inpatient Hospital	45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS), WITH CREATION OF COLONIC RESERVOIR (EG, J-POUCH), WITH DIVERTING ENTEROSTOMY, WHEN PERFORMED	Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DRUG-INDUCED MYOPATHY	1			
Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1			

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Inpatient Hospital			Internal Medicine	ENCEPHALOPATHY, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	ENCEPHALOPATHY, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	ENCEPHALOPATHY, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	ENCEPHALOPATHY, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	yes

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	Surgery, Colon & Rectal	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital	44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTION AND ANASTOMOSIS	Surgery, Colon & Rectal	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery, Colon & Rectal	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	Surgery, Colon & Rectal	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital			Surgery, Colon & Rectal	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			

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Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital			Family Practice	COVID-19		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
Inpatient Hospital	44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Skilled Nursing Facility			Pulmonary Disease	COVID-19	1			

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Skilled Nursing Facility			Pulmonary Disease	COVID-19	1			
Inpatient Hospital	63200	LAMINECTOMY, FOR RELEASE OF TETHERED SPINAL CORD, LUMBAR	Surgery, Neurological	BENIGN LIPOMATOUS NEOPLASM OF OTHER SITES	1			
Inpatient Hospital			Surgery, Neurological	BENIGN LIPOMATOUS NEOPLASM OF OTHER SITES	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19		1	Medical Necessity	
Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			

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Inpatient Hospital	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIO	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	15620	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP, OR SECTIONING PEDICLE OF TUBED OR DIRECT FLAP; AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS (EXCEPT 15625), OR FEET	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTUM	1			

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Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			

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Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital			Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital			Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	1			
Inpatient Hospital			Surgery	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE		1	Medical Necessity	

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Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	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)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	58140	MYOMECTOMY, EXCISION OF FIBROID 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	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	GUILLAIN-BARRE SYNDROME	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	GUILLAIN-BARRE SYNDROME	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	GUILLAIN-BARRE SYNDROME		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	UNSPECIFIED INJURY AT C6 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	UNSPECIFIED INJURY AT C6 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	UNSPECIFIED INJURY AT C6 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1			

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Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	UNSPECIFIED INJURY AT C6 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Neurological	UNSPECIFIED INJURY AT C6 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Neurological	UNSPECIFIED INJURY AT C6 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Neurological	UNSPECIFIED INJURY AT C6 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	OTHER SPECIFIED HEALTH STATUS	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	OTHER SPECIFIED HEALTH STATUS	1			
Inpatient Hospital			Surgery	OTHER SPECIFIED HEALTH STATUS	1			
Inpatient Hospital			Surgery	OTHER SPECIFIED HEALTH STATUS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PARAPLEGIA, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	HYPOVOLEMIC SHOCK	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			

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Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital	27120	ACETABULOPLASTY; (WHITMAN OR COLONNA TYPE PROCEDURE)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
Inpatient Hospital	33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	Surgery, Thoracic	UNSPECIFIED COMPLICATION OF CARDIAC AND VASCULAR PROSTHETIC DEVICE, IMPLANT AND GRAFT, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Surgery, Thoracic	UNSPECIFIED COMPLICATION OF CARDIAC AND VASCULAR PROSTHETIC DEVICE, IMPLANT AND GRAFT, INITIAL ENCOUNTER	1			
Inpatient Hospital	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); FIRST 20 SQ CM OR LESS	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1			
Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1			
Inpatient Hospital	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1			
Inpatient Hospital	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1			
Inpatient Hospital	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1			
Inpatient Hospital	49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1			
Inpatient Hospital	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1			
Inpatient Hospital	97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DURABLE MEDICAL EQUIPMENT (DME), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA LESS T	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1			
Inpatient Hospital			Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1			

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Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital			Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			

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Inpatient Hospital	J0670	INJECTION, MEPIVACAINE HYDROCHORIDE, PER 10 ML	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	J9260	METHOTREXATE SODIUM MTX 2CC OR 50MG	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	S0108	MERCAPTOPYRINE, ORAL, 50 MG	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital	0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Administrative	
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Administrative	
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP		1	Medical Necessity	
On Campus - Outpatient Hospital			Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES	1			

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On Campus - Outpatient Hospital			Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES	1			
Inpatient Hospital	13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS.	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFANTS	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			

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Inpatient Hospital	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY NAMED AXIAL VESSEL	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHET	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	55180	SCROTOPLASTY; COMPLICATED	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	64874	SUTURE OF NERVE; REQUIRING EXTENSIVE PROXIMAL MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DURABLE MEDICAL EQUIPMENT (DME), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA GREATER	Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Surgery, Plastic	GENDER IDENTITY DISORDER, UNSPECIFIED	1			

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	1			
Inpatient Hospital			Surgery, Orthopedic	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT		1	Medical Necessity	

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Inpatient Hospital	44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	Surgery, Colon & Rectal	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	Surgery, Colon & Rectal	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery, Colon & Rectal	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Surgery, Colon & Rectal	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital			Surgery, Colon & Rectal	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital	50365	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital			Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	

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Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	General Practice	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	General Practice	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD	General Practice	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD	General Practice	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	General Practice	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	General Practice	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	General Practice	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	General Practice	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			General Practice	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING, PERITONEAL WASHINGS, PERITONEAL BIOPSY(IES), OMENTECTOMY, AND DIAPHRAGMATIC WASHINGS, INCLUDING DIAPHRAGMATIC AND OTHER SEROSAL BIOPSY(IES), WHEN PERF	Oncology, Gynecologic	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital	49204	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS 5.1-10.0	Oncology, Gynecologic	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Oncology, Gynecologic	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital			Oncology, Gynecologic	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			

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Skilled Nursing Facility			Internal Medicine	CELLULITIS, UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	CELLULITIS, UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	CELLULITIS, UNSPECIFIED	1			
Inpatient Hospital	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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			
Inpatient Hospital			Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLORECTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Skilled Nursing Facility			Family Practice	PNEUMONIA, UNSPECIFIED ORGANISM	1			

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On Campus - Outpatient Hospital			Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Unknown Code	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	ENDOMETRIOSIS OF INTESTINE	1			
Inpatient Hospital	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery, Colon & Rectal	ENDOMETRIOSIS OF INTESTINE	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENDOMETRIOSIS OF INTESTINE	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1			
Inpatient Hospital			Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1			
Inpatient Hospital	60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	Otolaryngol ogy	BENIGN NEOPLASM OF PARATHYROID GLAND	1			

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Inpatient Hospital	60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	Otolaryngology	BENIGN NEOPLASM OF PARATHYROID GLAND	1			
Inpatient Hospital			Otolaryngology	BENIGN NEOPLASM OF PARATHYROID GLAND	1			
Inpatient Hospital			Otolaryngology	BENIGN NEOPLASM OF PARATHYROID GLAND	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	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	Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	Surgery, Colon & Rectal	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	1			

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Inpatient Hospital	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital			Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital			Surgery, Colon & Rectal	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9120	INJECTION, DACTINOMYCIN, 0.5 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital	38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING, PERITONEAL WASHINGS, PERITONEAL BIOPSY(IES), OMENTECTOMY, AND DIAPHRAGMATIC WASHINGS, INCLUDING DIAPHRAGMATIC AND OTHER SEROSAL BIOPSY(IES), WHEN PERF	Oncology, Gynecologic	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1			
Inpatient Hospital	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	Oncology, Gynecologic	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1			
Inpatient Hospital	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	Oncology, Gynecologic	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1			
Inpatient Hospital			Oncology, Gynecologic	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	63710	DURAL GRAFT, SPINAL	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital			Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			

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Inpatient Hospital			Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital			Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital			Psychiatry	OPIOID DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			

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Inpatient Hospital	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Inpatient Hospital	31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Inpatient Hospital	31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Inpatient Hospital	61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Inpatient Hospital	61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	CEREBRAL INFARCTION, UNSPECIFIED	1			

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Skilled Nursing Facility			Internal Medicine	CEREBRAL INFARCTION, UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Pediatric Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	SUBSEROSAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital			Obstetrics & Gynecology	SUBSEROSAL LEIOMYOMA OF UTERUS	1			
Skilled Nursing Facility			Family Practice	METABOLIC ENCEPHALOPATHY	1			
Skilled Nursing Facility			Family Practice	METABOLIC ENCEPHALOPATHY	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital			Family Practice	CEREBRAL INFARCTION, UNSPECIFIED	1			

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Inpatient Hospital			Family Practice	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Family Practice	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, RIGHT LEG		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, RIGHT LEG		1	Medical Necessity	yes
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Otolaryngology	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	63265	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	Otolaryngology	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	1			
Inpatient Hospital			Otolaryngology	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	1			
Inpatient Hospital			Otolaryngology	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	1			
Inpatient Hospital			Otolaryngology	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	1			
Inpatient Hospital			Otolaryngology	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	1			
Inpatient Hospital			Otolaryngology	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	Surgery, General Vascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1			

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Inpatient Hospital	36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	Surgery, General Vascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1			
Inpatient Hospital			Surgery, General Vascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1			
Inpatient Hospital			Surgery, General Vascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1			
Inpatient Hospital			Surgery, General Vascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1			
Inpatient Hospital			Surgery, General Vascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	RADICULOPATHY, LUMBAR REGION	1			
Skilled Nursing Facility			Internal Medicine	RADICULOPATHY, LUMBAR REGION	1			
Skilled Nursing Facility			Internal Medicine	RADICULOPATHY, LUMBAR REGION	1			
Skilled Nursing Facility			Internal Medicine	RADICULOPATHY, LUMBAR REGION	1			
Skilled Nursing Facility			Internal Medicine	RADICULOPATHY, LUMBAR REGION	1			
Skilled Nursing Facility			Internal Medicine	RADICULOPATHY, LUMBAR REGION	1			
Skilled Nursing Facility			Internal Medicine	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE)	Surgery	Feeding difficulties, unspecified	1			
Inpatient Hospital			Surgery	Feeding difficulties, unspecified	1			

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Inpatient Hospital	44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	Oncology, Gynecologic	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1			
Inpatient Hospital	58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENTECTOMY, IF PERFORMED;	Oncology, Gynecologic	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1			
Inpatient Hospital			Oncology, Gynecologic	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1			
Inpatient Hospital			Oncology, Gynecologic	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1			
Inpatient Hospital			Oncology, Gynecologic	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1			
Inpatient Hospital			Oncology, Gynecologic	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1			
Inpatient Hospital			Oncology, Gynecologic	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1			
Inpatient Hospital			Oncology, Gynecologic	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1			
Inpatient Hospital			Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital			Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			

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Inpatient Hospital	J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1200	INJECTION, DIPHENHYDRAMINE HCl, UP TO 50 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1454	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J2060	INJECTION, LORAZEPAM, 2 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9045	INJECTION, CARBOPLATIN, 50 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			

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Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	S0028	INJECTION FAMATODINE, 20 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE	1			
Inpatient Hospital			Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital			Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1			
Inpatient Hospital	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1			
Inpatient Hospital			Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1			

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Inpatient Hospital			Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1			
Inpatient Hospital			Internal Medicine	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			
Inpatient Hospital			Internal Medicine	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			
Inpatient Hospital			Internal Medicine	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			
Inpatient Hospital			Internal Medicine	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			
Inpatient Hospital			Internal Medicine	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			
Inpatient Hospital			Internal Medicine	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			
Inpatient Hospital			Internal Medicine	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			
Inpatient Hospital			Internal Medicine	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			
Inpatient Hospital	35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM PSEUDOANEURYSM, AND ASSOCIATED OCCLUSIVE DISEASE, ABDOMINAL AORTA	Surgery, General Vascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	35131	DIRECT REPAIR OF ANEURYSM,PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT; FOR ANEURYSM,PSEUDOANEURYSM, AND ASSOCIATED OCCLUSIVE DISEASE, ILIAC ARTERY (COMMON, HYPOGASTRIC, EXTERNAL)	Surgery, General Vascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			

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Inpatient Hospital			Surgery, General Vascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital			Surgery, General Vascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital			Surgery, General Vascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital			Surgery, General Vascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY		1	Medical Necessity	

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Inpatient Hospital			Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	Obstetrics & Gynecology	ENDOMETRIOSIS OF UTERUS	1			
Inpatient Hospital	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	ENDOMETRIOSIS OF UTERUS	1			
Inpatient Hospital	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	Obstetrics & Gynecology	ENDOMETRIOSIS OF UTERUS	1			
Inpatient Hospital			Obstetrics & Gynecology	ENDOMETRIOSIS OF UTERUS		1	Medical Necessity	
Inpatient Hospital			Obstetrics & Gynecology	ENDOMETRIOSIS OF UTERUS		1	Medical Necessity	yes
Inpatient Hospital	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF SPHINCTER AUGMENTATION DEVICE (IE, MAGNETIC BAND), INCLUDING CRUROPLASTY WHEN PERFORMED	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS		1	Medical Necessity	
Inpatient Hospital			Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE IN CEREBELLUM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE IN CEREBELLUM	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE IN CEREBELLUM		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE IN CEREBELLUM		1	Medical Necessity	yes
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE IN CEREBELLUM		1	Medical Necessity	
Skilled Nursing Facility			Internal Medicine	SEPSIS, UNSPECIFIED ORGANISM	1			
Skilled Nursing Facility			Internal Medicine	SEPSIS, UNSPECIFIED ORGANISM	1			
Skilled Nursing Facility			Internal Medicine	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Obstetrics & Gynecology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1			
Inpatient Hospital	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Obstetrics & Gynecology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1			
Inpatient Hospital	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Obstetrics & Gynecology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1			
Inpatient Hospital			Obstetrics & Gynecology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1			

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Inpatient Hospital	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH IMPLANTATION OF MESH	Surgery, Thoracic	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery, Thoracic	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE		1	Administrative	
Inpatient Hospital			Surgery, Thoracic	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Surgery, Thoracic	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR;	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	yes
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	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)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID,	Surgery, General Vascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Surgery, General Vascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Physical Medicine & Rehabilitati on	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitati on	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitati on	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
Inpatient Hospital			Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
Inpatient Hospital			Internal Medicine	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital			Internal Medicine	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			

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Inpatient Hospital			Internal Medicine	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital			Internal Medicine	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital			Internal Medicine	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital			Internal Medicine	ENCOUNTER FOR ATTENTION TO ILEOSTOMY		1	Medical Necessity	
Inpatient Hospital	47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	49905	OMENTAL FLAP, INTRA-ABDONINAL	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital			Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	

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Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	yes
Inpatient Hospital	43633	GASTRECTOMY, PARTIAL, DISTAL, WITH ROUX-EN-Y RECONSTRUCTION	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS		1	Medical Necessity	
Inpatient Hospital			Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS		1	Medical Necessity	
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital			Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital	33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	Surgery, Thoracic Cardiovascular	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1			
Inpatient Hospital	33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	Surgery, Thoracic Cardiovascular	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1			

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Inpatient Hospital	58180	SUPRACERVICAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	Unknown Code	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	1			
Inpatient Hospital			Unknown Code	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON		1	Medical Necessity	
Inpatient Hospital	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital			Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			

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Inpatient Hospital			Neonatal-Perinatal Medicine	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 26 COMPLETED WEEKS	1			
Inpatient Hospital			Neonatal-Perinatal Medicine	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 26 COMPLETED WEEKS	1			
Inpatient Hospital			Neonatal-Perinatal Medicine	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 26 COMPLETED WEEKS	1			
Inpatient Hospital			Neonatal-Perinatal Medicine	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 26 COMPLETED WEEKS	1			
Inpatient Hospital	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Surgery, Urological	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital			Surgery, Urological	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Skilled Nursing Facility			Unknown Code	ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM		1		
Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic Cardiovascular	MALFORMATION OF CORONARY VESSELS	1			
Inpatient Hospital	33530	REOPERATION, CORONARY ARTEY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	MALFORMATION OF CORONARY VESSELS	1			
Inpatient Hospital	33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	Surgery, Thoracic Cardiovascular	MALFORMATION OF CORONARY VESSELS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	MALFORMATION OF CORONARY VESSELS	1			

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Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	1			
Inpatient Hospital			Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Neurological	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1			
Inpatient Hospital	E0748	OSTEOGENIC STIMULATOR , NONINVASIVE, SPINAL APPLICATIONS	Surgery, Neurological	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Skilled Nursing Facility			Unknown Code	CELLULITIS OF RIGHT LOWER LIMB	1			
Skilled Nursing Facility			Unknown Code	CELLULITIS OF RIGHT LOWER LIMB	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatrics	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatrics	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatrics	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatrics	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			

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Inpatient Hospital			Pediatrics	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Hematology/Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Hematology/Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Hematology/Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	95720	ELECTROENCEPHALOGRAPH (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	Pediatric Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Pediatric Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Pediatric Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Pediatric Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital	33259	ATRIA ABLATE &RCNSTJ W OTHER PX EXTENSIVE W	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33259	ATRIA ABLATE &RCNSTJ W OTHER PX EXTENSIVE W	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			

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Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1			
Inpatient Hospital			Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS		1	Medical Necessity	
Inpatient Hospital	61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	MECHANICAL LOOSENING OF INTERNAL RIGHT HIP PROSTHETIC JOINT, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	MECHANICAL LOOSENING OF INTERNAL RIGHT HIP PROSTHETIC JOINT, INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT LOWER LEG	1			
Inpatient Hospital	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			

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Inpatient Hospital	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Administrative	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Unknown Code	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital			Unknown Code	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital			General Practice	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	91040	ESOPHAGEAL BALLOON DISTENSION STUDY, DIAGNOSTIC, WITH PROVOCATION WHEN PERFORMED	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE		1	Medical Necessity	
Inpatient Hospital			Surgery, Thoracic	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital			Surgery, Thoracic	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	1			

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Inpatient Hospital	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	Obstetrics & Gynecology	UTEROVAGINAL PROLAPSE, UNSPECIFIED	1			
Inpatient Hospital	57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	Obstetrics & Gynecology	UTEROVAGINAL PROLAPSE, UNSPECIFIED	1			
Inpatient Hospital	57280	COLPOPEXY, ABDOMINAL APPROACH	Obstetrics & Gynecology	UTEROVAGINAL PROLAPSE, UNSPECIFIED	1			
Inpatient Hospital	58180	SUPRACERVICAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Obstetrics & Gynecology	UTEROVAGINAL PROLAPSE, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	UTEROVAGINAL PROLAPSE, UNSPECIFIED	1			
Inpatient Hospital	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	Otolaryngology	CHRONIC TONSILLITIS	1			
Inpatient Hospital			Otolaryngology	CHRONIC TONSILLITIS		1	Medical Necessity	
Inpatient Hospital	15758	FREE FASCIAL WITH MICROVASCULAR ANATOMOSIS	Surgery, Plastic	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NO DE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (L IST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	Surgery, Plastic	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital			Surgery, Plastic	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital			Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SUBLUXATION COMPLEX (VERTEBRAL) OF CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	SUBLUXATION COMPLEX (VERTEBRAL) OF CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SUBLUXATION COMPLEX (VERTEBRAL) OF CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Orthopedic	SUBLUXATION COMPLEX (VERTEBRAL) OF CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SUBLUXATION COMPLEX (VERTEBRAL) OF CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SUBLUXATION COMPLEX (VERTEBRAL) OF CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	Pediatric Urology	VESICoureTERAL-REFLUX, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Urology	VESICoureTERAL-REFLUX, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Urology	VESICoureTERAL-REFLUX, UNSPECIFIED	1			
Inpatient Hospital	11971	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	21600	EXCISION OF RIB, PARTIAL	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER EXTREMITY (EG, COMMON FEMORAL, DEEP FEMORAL, SUPERFICIAL FEMORAL, POPLI TEAL, TIBIAL, PERONEAL	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	64862	SUTURE OF; LUMBAR PLEXUS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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Inpatient Hospital	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DIEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING T	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	

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Inpatient Hospital	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE		1	Medical Necessity	
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	OTHER SPECIFIED DISEASES OF INTESTINE	1			
Inpatient Hospital			Surgery, Colon & Rectal	OTHER SPECIFIED DISEASES OF INTESTINE	1			

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Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			

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Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP		1	Medical Necessity	
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SHORTNESS OF BREATH	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SHORTNESS OF BREATH	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Skilled Nursing Facility			Family Practice	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	1			

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Skilled Nursing Facility			Family Practice	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	1			
Skilled Nursing Facility			Family Practice	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	1			
Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CARO TID,	Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital	37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, OPEN OR PERCUTANEOUS, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; WITH DISTAL EMBOLIC PROTECTION	Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital	93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITHOUT INTRAVENOUS MICROBUBBLE INJECTION	Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital			Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS		1	Medical Necessity	
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CARO TID,	Surgery, Thoracic	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Surgery, Thoracic	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	Surgery, Plastic	OTHER SPECIFIED ANOMALIES OF JAW SIZE	1			
Inpatient Hospital			Surgery, Plastic	OTHER SPECIFIED ANOMALIES OF JAW SIZE	1			
Inpatient Hospital	33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			

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Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital			Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SEVERE SEPSIS WITH SEPTIC SHOCK	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SEVERE SEPSIS WITH SEPTIC SHOCK	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	SEVERE SEPSIS WITH SEPTIC SHOCK	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SEVERE SEPSIS WITH SEPTIC SHOCK	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SEVERE SEPSIS WITH SEPTIC SHOCK	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SEVERE SEPSIS WITH SEPTIC SHOCK	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SEVERE SEPSIS WITH SEPTIC SHOCK	1			
Inpatient Hospital	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			

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Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL APPROACH, NONSTEREOTACTIC	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital	21141	RECONSTRUCTION MIDFACE, LEFORT I;SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21141	RECONSTRUCTION MIDFACE, LEFORT I;SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			

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Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	1			
Inpatient Hospital	23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	Surgery, Orthopedic	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	1			
Inpatient Hospital			Surgery, Orthopedic	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	43632	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTROJEJUNOSTOMY	Surgery	BARIATRIC SURGERY STATUS		1	Administrative	

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Inpatient Hospital	43632	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTROJEJUNOSTOMY	Surgery	BARIATRIC SURGERY STATUS		1	Medical Necessity	yes
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	BARIATRIC SURGERY STATUS		1	Administrative	
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	BARIATRIC SURGERY STATUS		1	Medical Necessity	yes
Inpatient Hospital			Surgery	BARIATRIC SURGERY STATUS		1	Administrative	
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Neuromuscular Medicine Physical Medicine & Rehab	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Neuromuscular Medicine Physical Medicine & Rehab	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	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	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1			
Inpatient Hospital			Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1			

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Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
Inpatient Hospital			Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
Inpatient Hospital	J1453	INJECTION, FOSAPREPITANT, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
Inpatient Hospital	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			

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Inpatient Hospital	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
Inpatient Hospital	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
Inpatient Hospital	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Obstetrics & Gynecology	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
Inpatient Hospital			Obstetrics & Gynecology	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
Inpatient Hospital			Obstetrics & Gynecology	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
Inpatient Hospital			Obstetrics & Gynecology	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
Inpatient Hospital			Obstetrics & Gynecology	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	SUBSEROSAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital			Obstetrics & Gynecology	SUBSEROSAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			

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Inpatient Hospital	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NO DE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (L IST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1			
Skilled Nursing Facility			Internal Medicine	ACTINOMYCOTIC SEPSIS	1			
Skilled Nursing Facility			Internal Medicine	ACTINOMYCOTIC SEPSIS	1			
Skilled Nursing Facility			Internal Medicine	ACTINOMYCOTIC SEPSIS	1			
Skilled Nursing Facility			Internal Medicine	ACTINOMYCOTIC SEPSIS	1			
Skilled Nursing Facility			Internal Medicine	ACTINOMYCOTIC SEPSIS	1			
Skilled Nursing Facility			Internal Medicine	ACTINOMYCOTIC SEPSIS	1			
Skilled Nursing Facility			Internal Medicine	ACTINOMYCOTIC SEPSIS		1	Medical Necessity	

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Inpatient Hospital	61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH ELECTROCORTICOGRAPHY DURING SURGERY	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	1			

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Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA		1	Medical Necessity	
Inpatient Hospital			Nephrology	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Nephrology	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Nephrology	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Nephrology	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital	33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1			
Inpatient Hospital	61534	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF EPILEPTOGENIC FOCUS WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital			Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING	Oncology, Gynecologic	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
Inpatient Hospital	58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING; WITH PELVIC LYMPHADENECTOMY AND LIMITED PARA-AORTIC LYMPHADENECTOMY	Oncology, Gynecologic	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
Inpatient Hospital	58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNANCY	Oncology, Gynecologic	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
Inpatient Hospital			Oncology, Gynecologic	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
Inpatient Hospital	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	Surgery, Thoracic	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1			
Inpatient Hospital	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery, Thoracic	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1			
Inpatient Hospital			Surgery, Thoracic	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ALCOHOLIC LIVER DISEASE, UNSPECIFIED	1			

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Inpatient Hospital			Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1200	INJECTION, DIPHENHYDRAMINE HCI, UP TO 50 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1454	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J2060	INJECTION, LORAZEPAM, 2 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9045	INJECTION, CARBOPLATIN, 50 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			

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Inpatient Hospital	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	S0028	INJECTION FAMATODINE, 20 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	Surgery, Thoracic	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery, Thoracic	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CARDIAC ARREST, CAUSE UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	BENIGN NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital			Surgery	BENIGN NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOW BACK PAIN	1			
Inpatient Hospital	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)	Surgery, Neurological	LOW BACK PAIN	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	LOW BACK PAIN	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	LOW BACK PAIN	1			

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Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOW BACK PAIN	1			
Inpatient Hospital	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	Surgery, Neurological	LOW BACK PAIN	1			
Inpatient Hospital			Surgery, Neurological	LOW BACK PAIN	1			
Inpatient Hospital			Surgery, Neurological	LOW BACK PAIN	1			
Inpatient Hospital	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	Surgery, Neurological	SCIATICA, UNSPECIFIED SIDE	1			
Inpatient Hospital			Surgery, Neurological	SCIATICA, UNSPECIFIED SIDE	1			
Skilled Nursing Facility			Internal Medicine	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Skilled Nursing Facility			Internal Medicine	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Skilled Nursing Facility			Internal Medicine	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Skilled Nursing Facility			Internal Medicine	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			

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Inpatient Hospital			Surgery, Orthopedic	OSTEONECROSIS, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Orthopedic	OSTEONECROSIS, UNSPECIFIED	1			
Inpatient Hospital	32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	Surgery	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH ABSCESS	1			
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH ABSCESS	1			
Inpatient Hospital	52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;	Surgery	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH ABSCESS	1			
Inpatient Hospital			Surgery	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH ABSCESS	1			
Inpatient Hospital	47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CHOLESTEROLYSIS OF GALLBLADDER	1			
Inpatient Hospital	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CHOLESTEROLYSIS OF GALLBLADDER	1			
Inpatient Hospital	47600	CHOLECYSTECTOMY;	Surgery	CHOLESTEROLYSIS OF GALLBLADDER	1			
Inpatient Hospital	47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	Surgery	CHOLESTEROLYSIS OF GALLBLADDER	1			
Inpatient Hospital	47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	Surgery	CHOLESTEROLYSIS OF GALLBLADDER	1			
Inpatient Hospital	47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANASTOMOSIS	Surgery	CHOLESTEROLYSIS OF GALLBLADDER	1			

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Inpatient Hospital			Surgery	CHOLESTEROLISIS OF GALLBLADDER	1			
Inpatient Hospital			Surgery, Orthopedic	OSTEONECROSIS DUE TO PREVIOUS TRAUMA, RIGHT FEMUR	1			
Inpatient Hospital	48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY;	Pediatric Surgery	OTHER SPECIFIED DISEASES OF PANCREAS	1			
Inpatient Hospital	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD- TYPE PROCEDURE)	Pediatric Surgery	OTHER SPECIFIED DISEASES OF PANCREAS	1			
Inpatient Hospital	48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	Pediatric Surgery	OTHER SPECIFIED DISEASES OF PANCREAS	1			
Inpatient Hospital			Pediatric Surgery	OTHER SPECIFIED DISEASES OF PANCREAS	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	BENIGN NEOPLASM OF UNSPECIFIED OVARY	1			
Inpatient Hospital			Obstetrics & Gynecology	BENIGN NEOPLASM OF UNSPECIFIED OVARY	1			
Inpatient Hospital	38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			

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Inpatient Hospital	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
Inpatient Hospital			Obstetrics & Gynecology	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
Inpatient Hospital			Obstetrics & Gynecology	MALIGNANT NEOPLASM OF ENDOMETRIUM	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			

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Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	32141	THORACOTOMY; WITH RESECTION-PLICATION OF BULLAE, INCLUDES ANY PLEURAL PROCEDURE WHEN PERFORMED	Surgery, Thoracic	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1			
Inpatient Hospital			Surgery, Thoracic	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1			
Inpatient Hospital			Surgery, Thoracic	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1			
Inpatient Hospital			Surgery, Thoracic	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1			
Inpatient Hospital	38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING, PERITONEAL WASHINGS, PERITONEAL BIOPSY(IES), OMENTECTOMY, AND DIAPHRAGMATIC WASHINGS, INCLUDING DIAPHRAGMATIC AND OTHER SEROSAL BIOPSY(IES), WHEN PERF	Oncology, Gynecologic	Malignant neoplasm of bilateral ovaries	1			

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Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Oncology, Gynecologic	Malignant neoplasm of bilateral ovaries	1			
Inpatient Hospital	49255	OMENECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	Oncology, Gynecologic	Malignant neoplasm of bilateral ovaries	1			
Inpatient Hospital	58952	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH RADICAL DISSECTION FOR DEBULKING (IE, RADICAL EXCISION OR DESTRUCTION, INTRA-ABDOMINAL OR RETROPERITONEAL TUMORS)	Oncology, Gynecologic	Malignant neoplasm of bilateral ovaries	1			
Inpatient Hospital	58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENTECTOMY, IF PERFORMED;	Oncology, Gynecologic	Malignant neoplasm of bilateral ovaries	1			
Inpatient Hospital			Oncology, Gynecologic	Malignant neoplasm of bilateral ovaries	1			
Inpatient Hospital	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital	15758	FREE FASCIAL WITH MICROVASCULAR ANATOMOSIS	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital	31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELESCOPE	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital	31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			

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Inpatient Hospital	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital	42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital	42890	LIMITED PHARYNGECTOMY	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital	42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital	43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital	60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			

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Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, INFRATENTORIAL	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, INFRATENTORIAL	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, INFRATENTORIAL	1			
Inpatient Hospital	33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS.	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital			Surgery	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	95720	ELECTROENCEPHALOGRAPH (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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE);	Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRICKER OPERATION)	Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	21627	STERNAL DEBRIDEMENT	Surgery, Thoracic	UNSPECIFIED OPEN WOUND OF RIGHT FRONT WALL OF THORAX WITHOUT PENETRATION INTO THORACIC CAVITY, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Surgery, Thoracic	UNSPECIFIED OPEN WOUND OF RIGHT FRONT WALL OF THORAX WITHOUT PENETRATION INTO THORACIC CAVITY, INITIAL ENCOUNTER	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Family Practice	CRITICAL ILLNESS MYOPATHY	1			
Inpatient Hospital			Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	1			
Inpatient Hospital	75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY; SUPERVISION AND INTERPRETATION ONLY	Surgery, Thoracic Cardiovascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	39501	REPAIR, LACERATION OF DIAPHRAGM	Surgery, Thoracic	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital	39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL, PARALYTIC OR NONPARALYTIC	Surgery, Thoracic	ENDOMETRIOSIS, UNSPECIFIED	1			

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Inpatient Hospital			Surgery, Thoracic	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	Oncology, Medical	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital			Oncology, Medical	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER		1	Medical Necessity	
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER		1	Medical Necessity	yes
Inpatient Hospital	59515	CESAREAN DELIVERY ONLY INCLUDING POSTPARTUM CARE	Obstetrics & Gynecology	SUPERVISION OF HIGH RISK PREGNANCY, UNSPECIFIED, THIRD TRIMESTER	1			
Inpatient Hospital			Obstetrics & Gynecology	SUPERVISION OF HIGH RISK PREGNANCY, UNSPECIFIED, THIRD TRIMESTER	1			
Inpatient Hospital	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			

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Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatrics	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			

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Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital	58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	Obstetrics & Gynecology	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	1			
Inpatient Hospital	58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Obstetrics & Gynecology	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER DISORDERS OF NERVOUS SYSTEM	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER DISORDERS OF NERVOUS SYSTEM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER DISORDERS OF NERVOUS SYSTEM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER DISORDERS OF NERVOUS SYSTEM	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Surgery, Colon & Rectal	COLOSTOMY STATUS	1			
Inpatient Hospital	45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	Surgery, Colon & Rectal	COLOSTOMY STATUS	1			

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Inpatient Hospital			Surgery, Colon & Rectal	COLOSTOMY STATUS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES	1			
Inpatient Hospital			Surgery	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSTABLE BURST FRACTURE OF FIRST CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSTABLE BURST FRACTURE OF FIRST CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE EXTREMITIES WITH GANGRENE, LEFT LEG	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE EXTREMITIES WITH GANGRENE, LEFT LEG	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CRITICAL ILLNESS MYOPATHY	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING ANY SEGMENT OF SMALL AND/OR LARGE INTESTINE TO CONSTRUCT NEOBLADDER	Urology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	Urology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes

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Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital			Unknown Code	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	
Inpatient Hospital			Unknown Code	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	yes
Skilled Nursing Facility			Internal Medicine	COVID-19	1			

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Skilled Nursing Facility			Internal Medicine	COVID-19	1			
Skilled Nursing Facility			Internal Medicine	COVID-19	1			
Skilled Nursing Facility			Internal Medicine	COVID-19	1			
Skilled Nursing Facility			Internal Medicine	COVID-19	1			
Skilled Nursing Facility			Internal Medicine	COVID-19	1			
Skilled Nursing Facility			Internal Medicine	COVID-19		1	Medical Necessity	
Inpatient Hospital	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NO DE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (L IST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Oncology, Gynecologic	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	1			
Inpatient Hospital	38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	Oncology, Gynecologic	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	1			
Inpatient Hospital	58573	LAPAROSCOPY TOT HYSTERECTOMY > 250 G W TUBE	Oncology, Gynecologic	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	1			
Inpatient Hospital			Oncology, Gynecologic	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA [EIN]	1			
Skilled Nursing Facility			Internal Medicine	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE		1	Medical Necessity	
Skilled Nursing Facility			Internal Medicine	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	1			

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Skilled Nursing Facility			Internal Medicine	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	1			
Skilled Nursing Facility			Internal Medicine	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE		1	Medical Necessity	
Inpatient Hospital	58140	MYOMECTOMY, EXCISION OF FIBROID 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	Obstetrics & Gynecology	HYPERTROPHY OF UTERUS	1			
Inpatient Hospital			Obstetrics & Gynecology	HYPERTROPHY OF UTERUS	1			
Inpatient Hospital			Obstetrics & Gynecology	HYPERTROPHY OF UTERUS	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	

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Inpatient Hospital			Pain Management	CRITICAL ILLNESS MYOPATHY		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENTECTOMY, IF PERFORMED;	Surgery, Oncology	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1			
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1			
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1			
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1			
Skilled Nursing Facility			Internal Medicine	HUMAN IMMUNODEFICIENCY VIRUS "HIV" DISEASE	1			
Skilled Nursing Facility			Internal Medicine	HUMAN IMMUNODEFICIENCY VIRUS "HIV" DISEASE	1			

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Skilled Nursing Facility			Internal Medicine	HUMAN IMMUNODEFICIENCY VIRUS "HIV" DISEASE	1			
Skilled Nursing Facility			Internal Medicine	HUMAN IMMUNODEFICIENCY VIRUS "HIV" DISEASE	1			
Skilled Nursing Facility			Internal Medicine	HUMAN IMMUNODEFICIENCY VIRUS "HIV" DISEASE	1			
Inpatient Hospital	58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Obstetrics & Gynecology	CHRONIC SALPINGITIS	1			
Inpatient Hospital			Obstetrics & Gynecology	CHRONIC SALPINGITIS		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	QUADRIPLEGIA, C5-C7 INCOMPLETE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	QUADRIPLEGIA, C5-C7 INCOMPLETE	1			
Inpatient Hospital	62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION VIA AND EXTERNAL PUMP OR IMPLANTABLE RESERVOIR/INFUSION PUMP; WITHOUT LAMINECTOMY	Surgery, Neurological	CRAMP AND SPASM	1			
Inpatient Hospital	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP WITH OR WITHOUT PROGRAMMING	Surgery, Neurological	CRAMP AND SPASM	1			
Inpatient Hospital			Surgery, Neurological	CRAMP AND SPASM	1			

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Inpatient Hospital			Surgery, Neurological	CRAMP AND SPASM	1			
Inpatient Hospital	C1755	CATHETER, INTRASPINAL	Surgery, Neurological	CRAMP AND SPASM	1			
Inpatient Hospital	C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	Surgery, Neurological	CRAMP AND SPASM	1			
Inpatient Hospital	J0475	INJECTION, BACLOFEN, 10 MG	Surgery, Neurological	CRAMP AND SPASM	1			
Inpatient Hospital	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	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	33530	REOPERATION, CORONARY ARTEY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Infectious Disease	CRITICAL ILLNESS MYOPATHY	1			
Inpatient Hospital			Infectious Disease	CRITICAL ILLNESS MYOPATHY	1			
Inpatient Hospital			Infectious Disease	CRITICAL ILLNESS MYOPATHY	1			
Inpatient Hospital			Infectious Disease	CRITICAL ILLNESS MYOPATHY		1	Medical Necessity	

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Inpatient Hospital			Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	Surgery, Thoracic Cardiovascular	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1			
Inpatient Hospital	21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	Surgery, Thoracic Cardiovascular	PECTUS CARINATUM		1	Medical Necessity	

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Inpatient Hospital	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	PECTUS CARINATUM		1	Medical Necessity	
Inpatient Hospital			Surgery, Thoracic Cardiovascular	PECTUS CARINATUM		1	Medical Necessity	
Inpatient Hospital	13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	Surgery, Orthopedic	PERIPROSTHETIC OSTEOLYSIS OF INTERNAL PROSTHETIC LEFT HIP JOINT, INITIAL ENCOUNTER	1			
Inpatient Hospital	13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS.	Surgery, Orthopedic	PERIPROSTHETIC OSTEOLYSIS OF INTERNAL PROSTHETIC LEFT HIP JOINT, INITIAL ENCOUNTER	1			
Inpatient Hospital	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	PERIPROSTHETIC OSTEOLYSIS OF INTERNAL PROSTHETIC LEFT HIP JOINT, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	PERIPROSTHETIC OSTEOLYSIS OF INTERNAL PROSTHETIC LEFT HIP JOINT, INITIAL ENCOUNTER	1			
Inpatient Hospital			Neurology	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, MULTIPLE LOCALIZED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS, CERVICAL REGION	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS, CERVICAL REGION	1			

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Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS, CERVICAL REGION	1			
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS, CERVICAL REGION	1			
Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY	1			
Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY	1			
Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY	1			
Inpatient Hospital	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Surgery, Orthopedic	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	

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Inpatient Hospital	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	Surgery, General Vascular	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS	1			
Inpatient Hospital	35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	Surgery, General Vascular	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS	1			
Inpatient Hospital			Surgery, General Vascular	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION;	Pediatric Neurology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			

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Inpatient Hospital			Pediatric Neurology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital	44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital			Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACIC REGION	1			
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACIC REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACIC REGION	1			
Inpatient Hospital	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACIC REGION	1			

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Inpatient Hospital	22899	UNLISTED PROCEDURE, SPINE	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACIC REGION	1			
Inpatient Hospital	63064	COSTOVERTEBRAL APPROACH FOR DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK), THORACIC; SINGLE SEGMENT	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACIC REGION	1			
Inpatient Hospital			Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACIC REGION	1			
Inpatient Hospital			Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACIC REGION	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; CEREBELLOPONTINE ANGLE TUMOR	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1			
Inpatient Hospital	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER)	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1			

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Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	GUILLAIN-BARRE SYNDROME	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	GUILLAIN-BARRE SYNDROME	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR PEDICLE (IE, BUCCINATORS, GENIOGLOSSUS, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)	Surgery, Plastic	CRANIOSYNOSTOSIS	1			
Inpatient Hospital	61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSIS (EG, CLOVERLEAF SKULL); RECONTOURING WITH MULTIPLE OSTEOTOMIES AND BONE AUTOGRAFTS (EG, BARREL-STAVE PROCEDURE) (INCLUDES OBTAINING GRAFTS)	Surgery, Plastic	CRANIOSYNOSTOSIS	1			
Inpatient Hospital	62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM	Surgery, Plastic	CRANIOSYNOSTOSIS	1			
Inpatient Hospital	67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	Surgery, Plastic	CRANIOSYNOSTOSIS	1			
Inpatient Hospital			Surgery, Plastic	CRANIOSYNOSTOSIS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED KNEE	1			

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Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY AT T7-T10 LEVEL OF THORACIC SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY AT T7-T10 LEVEL OF THORACIC SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY AT T7-T10 LEVEL OF THORACIC SPINAL CORD, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY AT T7-T10 LEVEL OF THORACIC SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY AT T7-T10 LEVEL OF THORACIC SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY AT T7-T10 LEVEL OF THORACIC SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY AT T7-T10 LEVEL OF THORACIC SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY AT T7-T10 LEVEL OF THORACIC SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology	LOCALIZED SWELLING, MASS AND LUMP, NECK	1			
Inpatient Hospital	42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	Otolaryngology	LOCALIZED SWELLING, MASS AND LUMP, NECK	1			
Inpatient Hospital	42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	Otolaryngology	LOCALIZED SWELLING, MASS AND LUMP, NECK	1			
Inpatient Hospital			Otolaryngology	LOCALIZED SWELLING, MASS AND LUMP, NECK	1			
Inpatient Hospital			Urology	LOW BACK PAIN	1			
Inpatient Hospital			Urology	LOW BACK PAIN		1	Medical Necessity	yes
Inpatient Hospital			Urology	LOW BACK PAIN	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	1			
Inpatient Hospital	50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMPHADENECTOMY	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital			Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Skilled Nursing Facility			Internal Medicine	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE		1	Medical Necessity	
Skilled Nursing Facility			Internal Medicine	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	1			

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Inpatient Hospital			Neurology	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Neurology	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Neurology	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Neurology	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Neurology	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Pediatric Hematology-Oncology	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital			Pediatric Hematology-Oncology	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	J9120	INJECTION, DACTINOMYCIN, 0.5 MG	Pediatric Hematology-Oncology	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Pediatric Hematology-Oncology	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	1			
Inpatient Hospital			Obstetrics & Gynecology	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	
Skilled Nursing Facility			Internal Medicine	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
Skilled Nursing Facility			Internal Medicine	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	Oncology	LIVER CELL CARCINOMA	1			
Inpatient Hospital	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	Oncology	LIVER CELL CARCINOMA	1			
Inpatient Hospital			Oncology	LIVER CELL CARCINOMA	1			

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Inpatient Hospital			Oncology	LIVER CELL CARCINOMA	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			

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Inpatient Hospital			Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1			
Inpatient Hospital	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	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	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			

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Inpatient Hospital	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); THORACIC, SINGLE SEGMENT	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	63265	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	63265	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital			Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1			
Inpatient Hospital	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	Surgery, Urological	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	Surgery, Urological	TRANSSEXUALISM		1	Medical Necessity	

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Inpatient Hospital	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	Surgery, Urological	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Urological	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	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	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	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	Surgery, Urological	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	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 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	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 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Urological	TRANSSEXUALISM		1	Medical Necessity	

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Inpatient Hospital	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA O	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA O	Surgery, Urological	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART TH	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART TH	Surgery, Urological	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	15750	GRAFT; NEUROVASCULAR PEDICLE FLAP	Surgery, Urological	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	15750	GRAFT; NEUROVASCULAR PEDICLE FLAP	Surgery, Urological	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	54125	AMPUTATION OF PENIS; COMPLETE	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	54125	AMPUTATION OF PENIS; COMPLETE	Surgery, Urological	TRANSSEXUALISM	1			

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Inpatient Hospital	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	Surgery, Urological	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	56805	CLITOROPLASTY FOR INTERSEX STATE	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	56805	CLITOROPLASTY FOR INTERSEX STATE	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital			Surgery, Urological	TRANSSEXUALISM	1			
Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Otolaryngology	MALIGNANT MELANOMA OF SCALP AND NECK	1			
Inpatient Hospital	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	MALIGNANT MELANOMA OF SCALP AND NECK	1			
Inpatient Hospital	15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR ONEPERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Otolaryngology	MALIGNANT MELANOMA OF SCALP AND NECK	1			
Inpatient Hospital	15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRI	Otolaryngology	MALIGNANT MELANOMA OF SCALP AND NECK	1			

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Inpatient Hospital	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA	Otolaryngology	MALIGNANT MELANOMA OF SCALP AND NECK	1			
Inpatient Hospital	21016	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FACE OR SCALP; 2 CM OR GREATER	Otolaryngology	MALIGNANT MELANOMA OF SCALP AND NECK	1			
Inpatient Hospital	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology	MALIGNANT MELANOMA OF SCALP AND NECK	1			
Inpatient Hospital	42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	Otolaryngology	MALIGNANT MELANOMA OF SCALP AND NECK	1			
Inpatient Hospital	61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	Otolaryngology	MALIGNANT MELANOMA OF SCALP AND NECK	1			
Inpatient Hospital	61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA, PARAPHARYNGEAL SPACE, PETROUS APEX; EXTRADURAL	Otolaryngology	MALIGNANT MELANOMA OF SCALP AND NECK	1			
Inpatient Hospital			Otolaryngology	MALIGNANT MELANOMA OF SCALP AND NECK	1			
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID,	Surgery	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital			Surgery	OCCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital	44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	Surgery	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital			Surgery	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital			Surgery	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Family Practice	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			

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Inpatient Hospital			Family Practice	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	49204	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS 5.1-10.0	Obstetrics & Gynecology	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT OVARY	1			
Inpatient Hospital	49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0	Obstetrics & Gynecology	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT OVARY	1			
Inpatient Hospital			Obstetrics & Gynecology	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT OVARY	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			

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Inpatient Hospital	36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID AND CE	Surgery, Neurological	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED INTRACRANIAL ARTERY	1			
Inpatient Hospital	36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL ARTERIES, UNILATERAL, WITH ANGIOGRAPHY OF THE SELECTED VESSEL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (EG, MIDDLE CEREBRAL ARTERY)	Surgery, Neurological	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED INTRACRANIAL ARTERY	1			
Inpatient Hospital	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	Surgery, Neurological	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED INTRACRANIAL ARTERY	1			
Inpatient Hospital	75894	TRANSCATHETER THERAPY, EMBOLIZATION (EG, PARTICULATE OR LIQUID), INCLUDING ANGIOGRAPHY; SUPERVISION AND INTERPRETATION ONLY	Surgery, Neurological	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED INTRACRANIAL ARTERY	1			
Inpatient Hospital	75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION, OTHER THAN FOR THROMBOLYSIS	Surgery, Neurological	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED INTRACRANIAL ARTERY	1			
Inpatient Hospital			Surgery, Neurological	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED INTRACRANIAL ARTERY	1			
Inpatient Hospital	93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING	Cardiac Electrophysiology	Other persistent atrial fibrillation	1			

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Inpatient Hospital	93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICH IS DISTINCT FROM THE PRIMARY ABLATED MECHANISM, INCLUDING REPEAT DIAGNOSTIC MANEUVERS, TO TREAT A SPONTANEOUS OR INDUCED ARRHYTHMIA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMAR	Cardiac Electrophysiology	Other persistent atrial fibrillation	1			
Inpatient Hospital	93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANSSEPTAL CATHETERIZATIONS, INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA INCLUDING LEFT OR RIGHT ATRIAL PACING/RECORDING WHEN NE	Cardiac Electrophysiology	Other persistent atrial fibrillation	1			
Inpatient Hospital	93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT ATRIUM FOR TREATMENT OF ATRIAL FIBRILLATION REMAINING AFTER COMPLETION OF PULMONARY VEIN ISOLATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiac Electrophysiology	Other persistent atrial fibrillation	1			
Inpatient Hospital	96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	Cardiac Electrophysiology	Other persistent atrial fibrillation	1			
Inpatient Hospital			Cardiac Electrophysiology	Other persistent atrial fibrillation	1			
Inpatient Hospital	93312	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M MODE RECORDING) TRANSESOPHAGEAL; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT	Cardiac Electrophysiology	Other persistent atrial fibrillation	1			
Inpatient Hospital	93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	Cardiac Electrophysiology	Other persistent atrial fibrillation	1			
Inpatient Hospital			Cardiac Electrophysiology	Other persistent atrial fibrillation	1			
Inpatient Hospital	50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital			Surgery	END STAGE RENAL DISEASE	1			
Inpatient Hospital			Surgery	END STAGE RENAL DISEASE	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	COVID-19	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	COVID-19	1			
Inpatient Hospital	38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHET	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Skilled Nursing Facility			Family Practice	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	1			
Skilled Nursing Facility			Family Practice	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT		1	Medical Necessity	
Inpatient Hospital	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital	38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			

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Inpatient Hospital			Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	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	Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	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	Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL LEFT HIP PROSTHESIS, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL LEFT HIP PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital	44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANA STOMOSIS, CREATION OF ILEAL RESERVOIR (S OR J), INCLUDES LOOP ILEO STOMY, AND RECTAL MUCOSECTOMY, WHEN PERFORMED	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	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	Endocrinology, Reproductive	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital			Endocrinology, Reproductive	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			

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Inpatient Hospital	51550	CYSTECTOMY, PARTIAL; SIMPLE	Urology	MALFORMATION OF URACHUS	1			
Inpatient Hospital			Urology	MALFORMATION OF URACHUS		1	Medical Necessity	
Inpatient Hospital	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1			
Inpatient Hospital			Surgery, Plastic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST		1	Medical Necessity	
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	
Inpatient Hospital	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery, Thoracic	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital	32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery, Thoracic	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital	55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	Urology	ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	1			
Inpatient Hospital			Urology	ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	1			
Inpatient Hospital	21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			

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Inpatient Hospital	35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR,) ARTERY; NECK (EG, CAROTID, SUBCLAVIAN)	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS	Surgery, Orthopedic	INFANTILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS	Surgery, Orthopedic	INFANTILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	INFANTILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	INFANTILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	Surgery, Orthopedic	INFANTILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	Surgery, Orthopedic	INFANTILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	INFANTILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION		1		

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION		1		
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION		1		
Inpatient Hospital	22850	REMOVAL OF POSTERIOR INSTRUMENTATION (EG, HARRINGTON ROD)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION		1		
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION		1		
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION		1		
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
Inpatient Hospital	59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE , CESAREAN DELIVERY, AND POSTPARTUM CARE	Obstetrics & Gynecology	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	1			
Inpatient Hospital	59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE , CESAREAN DELIVERY, AND POSTPARTUM CARE	Obstetrics & Gynecology	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	1			
Inpatient Hospital			Obstetrics & Gynecology	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	1			

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Inpatient Hospital			Obstetrics & Gynecology	ENCOUNTER FOR CESAREAN DELIVERY WITHOUT INDICATION	1			
Inpatient Hospital	21141	RECONSTRUCTION MIDFACE, LEFORT I;SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21141	RECONSTRUCTION MIDFACE, LEFORT I;SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Skilled Nursing Facility			Internal Medicine	ENDOCARDITIS, VALVE UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	ENDOCARDITIS, VALVE UNSPECIFIED	1			
Inpatient Hospital			Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES	1			
Inpatient Hospital			Psychiatry	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES	1			
Inpatient Hospital	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital			Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital			Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes

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Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	

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Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes

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Inpatient Hospital	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	yes
Skilled Nursing Facility			Family Practice	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Skilled Nursing Facility			Family Practice	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Skilled Nursing Facility			Family Practice	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Skilled Nursing Facility			Family Practice	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			

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Skilled Nursing Facility			Family Practice	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Skilled Nursing Facility			Family Practice	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Inpatient Hospital	61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	Surgery, Neurological	OTHER DISORDERS OF TRIGEMINAL NERVE	1			
Inpatient Hospital			Surgery, Neurological	OTHER DISORDERS OF TRIGEMINAL NERVE	1			
Inpatient Hospital			Surgery, Neurological	OTHER DISORDERS OF TRIGEMINAL NERVE	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	POSTMENOPAUSAL BLEEDING	1			
Inpatient Hospital			Obstetrics & Gynecology	POSTMENOPAUSAL BLEEDING	1			
Inpatient Hospital	49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS, OPEN	Surgery	PERITONEAL ABSCESS	1			

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Inpatient Hospital			Surgery	PERITONEAL ABSCESS	1			
Inpatient Hospital	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery	ENCOUNTER FOR ATTENTION TO COLOSTOMY	1			
Inpatient Hospital			Surgery	ENCOUNTER FOR ATTENTION TO COLOSTOMY	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING; HOSPITAL INPATIENT/OBSERVATION, INITIAL DAY	Pediatric Pulmonology	TRACHEOSTOMY STATUS	1			
Inpatient Hospital	94003	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING; HOSPITAL INPATIENT/OBSERVATION, EACH SUBSEQUENT DAY	Pediatric Pulmonology	TRACHEOSTOMY STATUS	1			
Inpatient Hospital			Pediatric Pulmonology	TRACHEOSTOMY STATUS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT KNEE PROSTHESIS, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT KNEE PROSTHESIS, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital	58140	MYOMECTOMY, EXCISION OF FIBROID 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	Endocrinology, Reproductive	INTRAMURAL LEIOMYOMA OF UTERUS	1			

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Inpatient Hospital			Endocrinology, Reproductive	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital			Endocrinology, Reproductive	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			

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Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP		1	Medical Necessity	
Inpatient Hospital	63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROS TIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMIN ECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	Surgery, Neurologic al	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT UPPER LIMB	1			
Inpatient Hospital	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Surgery, Neurologic al	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT UPPER LIMB	1			
Inpatient Hospital			Surgery, Neurologic al	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT UPPER LIMB	1			
Inpatient Hospital			Surgery, Neurologic al	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT UPPER LIMB	1			
Inpatient Hospital	61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIV	Surgery, Neurologic al	PARKINSON'S DISEASE	1			
Inpatient Hospital	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIV	Surgery, Neurologic al	PARKINSON'S DISEASE	1			
Inpatient Hospital			Surgery, Neurologic al	PARKINSON'S DISEASE	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9045	INJECTION, CARBOPLATIN, 50 MG	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9330	INJECTION, TEMSIROLIMUS, 1 MG	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital			Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital	43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (SEPARATE PROCEDURE)	Surgery, Colon & Rectal	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE		1	Administrative	
Inpatient Hospital			Surgery, Colon & Rectal	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE		1	Administrative	

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Inpatient Hospital			Physical Medicine & Rehabilitation	PRESENCE OF ARTIFICIAL KNEE JOINT, BILATERAL	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PRESENCE OF ARTIFICIAL KNEE JOINT, BILATERAL		1	Medical Necessity	
Inpatient Hospital	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital			Surgery, Thoracic	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR)	Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital			Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	Pediatric Surgery	OTHER DISEASES OF STOMACH AND DUODENUM	1			
Inpatient Hospital	43633	GASTRECTOMY, PARTIAL, DISTAL, WITH ROUX-EN-Y RECONSTRUCTION	Pediatric Surgery	OTHER DISEASES OF STOMACH AND DUODENUM	1			
Inpatient Hospital			Pediatric Surgery	OTHER DISEASES OF STOMACH AND DUODENUM	1			
Inpatient Hospital	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF SPHINCTER AUGMENTATION DEVICE (IE, MAGNETIC BAND), INCLUDING CRUROPLASTY WHEN PERFORMED	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS		1	Medical Necessity	
Inpatient Hospital			Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS		1	Medical Necessity	
Inpatient Hospital	19318	BREAST REDUCTION	Surgery, Plastic	OTHER MECHANICAL COMPLICATION OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER		1	Medical Necessity	
Inpatient Hospital	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	OTHER MECHANICAL COMPLICATION OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	1			
Inpatient Hospital	19330	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)	Surgery, Plastic	OTHER MECHANICAL COMPLICATION OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	1			

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Inpatient Hospital	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	OTHER MECHANICAL COMPLICATION OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Plastic	OTHER MECHANICAL COMPLICATION OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER		1	Medical Necessity	
Inpatient Hospital			Unknown Code	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT MIDDLE CEREBRAL ARTERY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT MIDDLE CEREBRAL ARTERY	1			
Inpatient Hospital			Unknown Code	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACQUIRED ABSENCE OF RIGHT LEG ABOVE KNEE	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital			Surgery, Neurological	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital			Surgery, Neurological	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF ASCENDING COLON	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, MULTIPLE LOCALIZED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital			Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			

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Inpatient Hospital			Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS	Surgery, Colon & Rectal	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery, Colon & Rectal	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery, Colon & Rectal	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital	44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	Surgery, Colon & Rectal	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital	35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	Surgery, General Vascular	DISSECTION OF THORACIC AORTA	1			
Inpatient Hospital			Surgery, General Vascular	DISSECTION OF THORACIC AORTA	1			
Inpatient Hospital			Pain Management	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Pain Management	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Skilled Nursing Facility			Family Practice	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	1			

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Skilled Nursing Facility			Family Practice	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	1			
Skilled Nursing Facility			Family Practice	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA		1	Medical Necessity	
Inpatient Hospital	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERARTRIAL COMMUNICATION (IE, FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	Pediatric Cardiology	ATRIAL SEPTAL DEFECT	1			
Inpatient Hospital			Pediatric Cardiology	ATRIAL SEPTAL DEFECT	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	yes
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	yes
Inpatient Hospital	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ESOPHAGOGASTRIC FUNDOPLASTY, PARTIAL OR COMPLETE, INCLUDES DUODENOSCOPY WHEN PERFORMED	Gastroenterology	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS		1	Medical Necessity	
Inpatient Hospital			Gastroenterology	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS		1	Medical Necessity	

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Inpatient Hospital			Internal Medicine	COVID-19		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	1			
Inpatient Hospital	32100	THORACOTOMY; WITH EXPLORATION	Oncology	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	Oncology	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	Oncology	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL	Oncology	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	Oncology	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Oncology	SOLITARY PULMONARY NODULE	1			

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Inpatient Hospital	38746	THORACIC LYMPHADENECTOMY BY THORACOTOMY, MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Oncology	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	38746	THORACIC LYMPHADENECTOMY BY THORACOTOMY, MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Oncology	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital			Oncology	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital			Oncology	SOLITARY PULMONARY NODULE	1			
Inpatient Hospital	31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH BRONCHIAL ALVEOLAR LAVAGE	Surgery, Thoracic	BENIGN NEOPLASM OF TRACHEA	1			
Inpatient Hospital	31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	Surgery, Thoracic	BENIGN NEOPLASM OF TRACHEA	1			
Inpatient Hospital	43100	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	Surgery, Thoracic	BENIGN NEOPLASM OF TRACHEA	1			
Inpatient Hospital			Surgery, Thoracic	BENIGN NEOPLASM OF TRACHEA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY	1			
Inpatient Hospital	33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUP	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION		1	Medical Necessity	
Inpatient Hospital	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACARDIAC OR GREAT VESSEL(S) STRUCTURAL INTERVENTION(S) (EG,TAVR, TRANSCATHETER PULMONARY VALVE REPLACEMENT, MITRAL VALVE REPAIR, PARAVALVULAR REGURGITATION REPAIR, LEFT ATRIAL A	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION		1	Medical Necessity	
Inpatient Hospital			Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1			
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1			
Inpatient Hospital	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			

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Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurologic al	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			

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Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			

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Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1			
Inpatient Hospital			Surgery, Orthopedic	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	COVID-19	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	COVID-19	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	COVID-19	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	COVID-19		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	PAIN IN RIGHT HIP		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	PAIN IN RIGHT HIP	1			

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Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	PAIN IN RIGHT HIP	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	PAIN IN RIGHT HIP	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	PAIN IN RIGHT HIP	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	PAIN IN RIGHT HIP	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	PAIN IN RIGHT HIP	1			
Inpatient Hospital	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	Surgery, Orthopedic	PAIN IN RIGHT HIP	1			
Inpatient Hospital	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	Surgery, Orthopedic	PAIN IN RIGHT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	PAIN IN RIGHT HIP	1			
Inpatient Hospital			Critical Care Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Critical Care Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Critical Care Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			

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Inpatient Hospital			Critical Care Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Skilled Nursing Facility			Internal Medicine	HEMIPLEGIA AND HEMIPARESIS FOLLOWING NONTRAUMATIC INTRACEREBRAL HEMORRHAGE AFFECTING RIGHT DOMINANT SIDE	1			
Inpatient Hospital	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Macillofacial	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	
Inpatient Hospital	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	Surgery, Oral & Macillofacial	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	
Inpatient Hospital			Surgery, Oral & Macillofacial	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	MECHANICAL LOOSENING OF INTERNAL LEFT KNEE PROSTHETIC JOINT, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	MECHANICAL LOOSENING OF INTERNAL LEFT KNEE PROSTHETIC JOINT, INITIAL ENCOUNTER	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	ANEMIA, UNSPECIFIED	1			

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Inpatient Hospital			Obstetrics & Gynecology	ANEMIA, UNSPECIFIED	1			
Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Oncology, Gynecologic	ELEVATED CANCER ANTIGEN 125 [CA 125]	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Oncology, Gynecologic	ELEVATED CANCER ANTIGEN 125 [CA 125]	1			
Inpatient Hospital	58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING; WITH PELVIC LYMPHADENECTOMY AND LIMITED PARA-AORTIC LYMPHADENECTOMY	Oncology, Gynecologic	ELEVATED CANCER ANTIGEN 125 [CA 125]	1			
Inpatient Hospital			Oncology, Gynecologic	ELEVATED CANCER ANTIGEN 125 [CA 125]	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital	61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL	Surgery, Neurological	NONTRAUMATIC SUBDURAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	NONTRAUMATIC SUBDURAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	NONTRAUMATIC SUBDURAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	NONTRAUMATIC SUBDURAL HEMORRHAGE, UNSPECIFIED	1			

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Inpatient Hospital			Surgery, Neurological	NONTRAUMATIC SUBDURAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	NONTRAUMATIC SUBDURAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital	58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Oncology, Gynecologic	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital			Oncology, Gynecologic	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	yes
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			

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Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	Surgery	DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Pediatric Rehabilitation Medicine	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	1			
Inpatient Hospital			Pediatric Rehabilitation Medicine	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	1			
Inpatient Hospital			Pediatric Rehabilitation Medicine	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	1			
Inpatient Hospital			Pediatric Rehabilitation Medicine	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	1			
Inpatient Hospital	33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	Surgery, Thoracic	RIGHT AORTIC ARCH	1			
Inpatient Hospital			Surgery, Thoracic	RIGHT AORTIC ARCH	1			

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Inpatient Hospital	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital	49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital	77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital	96549	UNLISTED CHEMOTHERAPY PROCEDURE	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital			Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1			
Inpatient Hospital			Critical Care Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	
Inpatient Hospital			Critical Care Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	yes
Inpatient Hospital			Critical Care Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Critical Care Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Critical Care Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	

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Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CARO TID,	Surgery, General Vascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Surgery, General Vascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CARO TID,	Surgery, Thoracic Cardiovascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CARO TID,	Surgery	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital			Surgery	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding	1			
Inpatient Hospital			Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding	1			
Inpatient Hospital	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	95711	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS UNMONITORED	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	95712	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	95713	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	95718	ELECTROENCEPHALOGRAPH (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	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			

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Inpatient Hospital	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	Sleep Medicine	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Sleep Medicine	UNSPECIFIED CONVULSIONS	1			
Skilled Nursing Facility			Surgery, Thoracic	COVID-19	1			
Skilled Nursing Facility			Surgery, Thoracic	COVID-19	1			
Skilled Nursing Facility			Surgery, Thoracic	COVID-19	1			
Skilled Nursing Facility			Surgery, Thoracic	COVID-19	1			
Skilled Nursing Facility			Surgery, Thoracic	COVID-19	1			
Skilled Nursing Facility			Surgery, Thoracic	COVID-19		1	Medical Necessity	
Skilled Nursing Facility			Internal Medicine	OTHER SECONDARY CHRONIC GOUT, UNSPECIFIED SHOULDER, WITH TOPHUS (TOPHI)	1			
Skilled Nursing Facility			Internal Medicine	OTHER SECONDARY CHRONIC GOUT, UNSPECIFIED SHOULDER, WITH TOPHUS (TOPHI)	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SPASTIC DIPLEGIC CEREBRAL PALSY	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	SPASTIC DIPLEGIC CEREBRAL PALSY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SPASTIC DIPLEGIC CEREBRAL PALSY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SPASTIC DIPLEGIC CEREBRAL PALSY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SPASTIC DIPLEGIC CEREBRAL PALSY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SPASTIC DIPLEGIC CEREBRAL PALSY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SPASTIC DIPLEGIC CEREBRAL PALSY	1			
Inpatient Hospital	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCISIONAL), UNILATERAL	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			

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Inpatient Hospital	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENSIONAL IMAGE ACQUISITION AND INTERPRETATION LEADING TO ONGOING (CONTINUOUS) ASSESSMENT OF (DYNAMICALLY CHANGING) CARDIAC PUMPING FUNCTION AND TO	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Skilled Nursing Facility			Family Practice	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
Skilled Nursing Facility			Family Practice	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
Skilled Nursing Facility			Family Practice	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
Skilled Nursing Facility			Family Practice	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1			
Inpatient Hospital	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	Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1			
Inpatient Hospital	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	Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1			
Inpatient Hospital	15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER, EYELIDS, NOSE, EARS, LIPS, OR INTRORAL	Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1			
Inpatient Hospital	15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1			

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Inpatient Hospital	15758	FREE FASCIAL WITH MICROVASCULAR ANATOMOSIS	Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1			
Inpatient Hospital	21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION (S)	Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1			
Inpatient Hospital	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1			
Inpatient Hospital			Neurology	NONTRAUMATIC ACUTE SUBDURAL HEMORRHAGE	1			
Inpatient Hospital			Neurology	NONTRAUMATIC ACUTE SUBDURAL HEMORRHAGE	1			
Inpatient Hospital			Neurology	NONTRAUMATIC ACUTE SUBDURAL HEMORRHAGE	1			
Inpatient Hospital			Neurology	NONTRAUMATIC ACUTE SUBDURAL HEMORRHAGE	1			
Inpatient Hospital			Obstetrics & Gynecology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	PERSONALITY DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	PERSONALITY DISORDER, UNSPECIFIED	1			

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On Campus - Outpatient Hospital			Psychiatry	PERSONALITY DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	PERSONALITY DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	PERSONALITY DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	PERSONALITY DISORDER, UNSPECIFIED	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	Urology	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	1			
Inpatient Hospital	50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	Urology	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	1			
Inpatient Hospital			Urology	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION		1	Medical Necessity	
Inpatient Hospital	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Congenital Cardiac/Th oracic	OTHER DISORDERS OF LUNG	1			
Inpatient Hospital	32100	THORACOTOMY; WITH EXPLORATION	Surgery, Congenital Cardiac/Th oracic	OTHER DISORDERS OF LUNG	1			

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Inpatient Hospital	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery, Congenital Cardiac/Thoracic	OTHER DISORDERS OF LUNG	1			
Inpatient Hospital	38746	THORACIC LYMPHADENECTOMY BY THORACOTOMY, MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Congenital Cardiac/Thoracic	OTHER DISORDERS OF LUNG	1			
Inpatient Hospital			Surgery, Congenital Cardiac/Thoracic	OTHER DISORDERS OF LUNG	1			
Inpatient Hospital			Surgery, Congenital Cardiac/Thoracic	OTHER DISORDERS OF LUNG	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
Inpatient Hospital			Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL		1	Medical Necessity	

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital			Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	21600	EXCISION OF RIB, PARTIAL	Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER EXTREMITY (EG, COMMON FEMORAL, DEEP FEMORAL, SUPERFICIAL FEMORAL, POPLI TEAL, TIBIAL, PERONEAL	Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST		1	Medical Necessity	
Inpatient Hospital			Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEPP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING T	Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			

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Inpatient Hospital	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Unknown Code	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Unknown Code	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	Unknown Code	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Unknown Code	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Unknown Code	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital			Pain Management	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE		1	Medical Necessity	
Inpatient Hospital			Pain Management	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE	1			
Inpatient Hospital			Pain Management	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE	1			
Inpatient Hospital			Pain Management	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE	1			
Inpatient Hospital			Pain Management	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE		1	Medical Necessity	
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1			
Inpatient Hospital	58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1			

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Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Neurology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital			Neurology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital			Oncology, Medical	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital			Oncology, Medical	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital			Oncology, Medical	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital			Oncology, Medical	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital			Oncology, Medical	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital			Oncology, Medical	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital			Oncology, Medical	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital			Oncology, Medical	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital			Oncology, Medical	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital			Oncology, Medical	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital			Unknown Code	CELLULITIS OF ABDOMINAL WALL	1			
Inpatient Hospital	32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR OR MASS	Surgery, Thoracic	BENIGN NEOPLASM OF MEDIASTINUM	1			

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Inpatient Hospital	39220	RESECTION OF MEDIASTINAL TUMOR	Surgery, Thoracic	BENIGN NEOPLASM OF MEDIASTINUM	1			
Inpatient Hospital			Surgery, Thoracic	BENIGN NEOPLASM OF MEDIASTINUM	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital			Pediatric Gastroenterology	FAILURE TO THRIVE (CHILD)	1			
Inpatient Hospital			Pediatric Gastroenterology	FAILURE TO THRIVE (CHILD)	1			
Inpatient Hospital	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19364	BREAST RECONSTRUCTION; WITH FREE FLAP (EG, FTRAM, DIEP, SIEA, GAP FLAP)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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Inpatient Hospital	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)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED FRACTURE OF SECOND LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED FRACTURE OF SECOND LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED FRACTURE OF SECOND LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED FRACTURE OF SECOND LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			

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Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER MALFORMATIONS OF CEREBRAL VESSELS	1			
Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG	1			

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Inpatient Hospital	27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	Surgery, Orthopedic	DISPLACED FRACTURE OF POSTERIOR WALL OF RIGHT ACETABULUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO) COLUMNS, INCLUDES T-FRACTURE AND BOTH COLUMN FRACTURE WITH COMPLETE ARTICULAR DETACHMENT, OR SINGLE COLUMN OR TRANSVERSE FRACTURE WITH ASSOCIATED ACETABULAR WALL FRACTURE; WI	Surgery, Orthopedic	DISPLACED FRACTURE OF POSTERIOR WALL OF RIGHT ACETABULUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	Surgery, Orthopedic	DISPLACED FRACTURE OF POSTERIOR WALL OF RIGHT ACETABULUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; INTRA OR POSTOPERATIVE SALVAGE	Surgery, Orthopedic	DISPLACED FRACTURE OF POSTERIOR WALL OF RIGHT ACETABULUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Surgery, Orthopedic	DISPLACED FRACTURE OF POSTERIOR WALL OF RIGHT ACETABULUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			

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Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Pediatric Neurology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Neurology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			

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Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Neurology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			
Inpatient Hospital	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Neurology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			
Inpatient Hospital			Pediatric Neurology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gastroenterology	OTHER DORSALGIA		1	Medical Necessity	
Inpatient Hospital	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)	Gastroenterology	OTHER DORSALGIA		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Gastroenterology	OTHER DORSALGIA		1	Medical Necessity	
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Gastroenterology	OTHER DORSALGIA		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Gastroenterology	OTHER DORSALGIA		1	Medical Necessity	
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Gastroenterology	OTHER DORSALGIA		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Gastroenterology	OTHER DORSALGIA		1	Medical Necessity	

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Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Gastroenterology	OTHER DORSALGIA		1	Medical Necessity	
Inpatient Hospital	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	Gastroenterology	OTHER DORSALGIA		1	Medical Necessity	
Inpatient Hospital			Gastroenterology	OTHER DORSALGIA		1	Medical Necessity	
Inpatient Hospital	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN,INTERNAL MAMMARY NODE((SEPARATE PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Sports Medicine	OTHER ABNORMALITIES OF GAIT AND MOBILITY	1			
Inpatient Hospital			Rehabilitation Medicine	QUADRIPLEGIA, C5-C7 INCOMPLETE	1			

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Inpatient Hospital			Rehabilitation Medicine	QUADRIPLEGIA, C5-C7 INCOMPLETE	1			
Inpatient Hospital			Rehabilitation Medicine	QUADRIPLEGIA, C5-C7 INCOMPLETE	1			
Inpatient Hospital			Rehabilitation Medicine	QUADRIPLEGIA, C5-C7 INCOMPLETE	1			
Inpatient Hospital	45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	Surgery	RECTAL PROLAPSE	1			
Inpatient Hospital			Surgery	RECTAL PROLAPSE	1			
Inpatient Hospital	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	1			
Inpatient Hospital	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	Pediatric Neurology	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	1			
Inpatient Hospital	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Pediatric Neurology	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	1			
Inpatient Hospital			Pediatric Neurology	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			

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Inpatient Hospital			Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	METABOLIC ENCEPHALOPATHY	1			
Skilled Nursing Facility			Internal Medicine	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
Skilled Nursing Facility			Internal Medicine	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
Skilled Nursing Facility			Internal Medicine	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
Skilled Nursing Facility			Internal Medicine	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			

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Skilled Nursing Facility			Internal Medicine	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
Skilled Nursing Facility			Internal Medicine	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital	23929	UNLISTED PROCEDURE, SHOULDER	Surgery, Orthopedic	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital	24150	RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS	Surgery, Orthopedic	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital			Surgery, Orthopedic	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital	38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHET	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			

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Inpatient Hospital	22905	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF ABDOMINAL WALL; 5 CM OR GREATER	Surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital			Surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital	33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PAT CH;	Surgery, Congenital Cardiac/Thoracic	VENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital			Surgery, Congenital Cardiac/Thoracic	VENTRICULAR SEPTAL DEFECT	1			
Skilled Nursing Facility			Internal Medicine	HUMAN IMMUNODEFICIENCY VIRUS "HIV" DISEASE	1			
Skilled Nursing Facility			Internal Medicine	HUMAN IMMUNODEFICIENCY VIRUS "HIV" DISEASE	1			
Skilled Nursing Facility			Internal Medicine	HUMAN IMMUNODEFICIENCY VIRUS "HIV" DISEASE	1			
Skilled Nursing Facility			Internal Medicine	HUMAN IMMUNODEFICIENCY VIRUS "HIV" DISEASE	1			
Skilled Nursing Facility			Physical Medicine & Rehabilitation	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS	1			

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Skilled Nursing Facility			Physical Medicine & Rehabilitation	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS	1			
Skilled Nursing Facility			Physical Medicine & Rehabilitation	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED FRACTURE OF THE LOWER END OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED FRACTURE OF THE LOWER END OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Skilled Nursing Facility			Internal Medicine	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1			
Skilled Nursing Facility			Internal Medicine	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1			
Skilled Nursing Facility			Internal Medicine	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1			

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Skilled Nursing Facility			Internal Medicine	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1			
Skilled Nursing Facility			Internal Medicine	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1			
Skilled Nursing Facility			Internal Medicine	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1			
Skilled Nursing Facility			Internal Medicine	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1			
Skilled Nursing Facility			Internal Medicine	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1			
Skilled Nursing Facility			Internal Medicine	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1			
Skilled Nursing Facility			Internal Medicine	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1			
Skilled Nursing Facility			Internal Medicine	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE		1	Medical Necessity	
Inpatient Hospital	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			

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Inpatient Hospital	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			

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Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	42210	PALATOPlasty FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)	Surgery, Plastic	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	1			
Inpatient Hospital			Surgery, Plastic	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP		1	Medical Necessity	
Inpatient Hospital	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	MAXILLARY HYPOPLASIA	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0	Obstetrics & Gynecology	OTHER OVARIAN CYST, RIGHT SIDE	1			

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Inpatient Hospital			Obstetrics & Gynecology	OTHER OVARIAN CYST, RIGHT SIDE	1			
Inpatient Hospital			Obstetrics & Gynecology	OTHER OVARIAN CYST, RIGHT SIDE	1			
Inpatient Hospital	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	DYSPHAGIA, UNSPECIFIED	1			
Inpatient Hospital			Surgery	DYSPHAGIA, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Congenital Cardiac	ATRESIA OF PULMONARY ARTERY	1			
Inpatient Hospital			Internal Medicine	COVID-19		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	COVID-19		1	Medical Necessity	yes
Inpatient Hospital	34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD.	Anesthesiology	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1			
Inpatient Hospital	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PERIPANCREATIC, WITH OR WITHOUT PARA-AORTIC AND VENA CAVAL NODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1			

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Inpatient Hospital	44300	PLACEMENT, ENTEROSTOMY OR CECOSTOMY, TUBE OPEN (EG, FOR FEEDING OR DECOMPRESSION) (SEPARATE PROCEDURE)	Anesthesiology	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1			
Inpatient Hospital	48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY;	Anesthesiology	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1			
Inpatient Hospital	48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	Anesthesiology	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1			
Inpatient Hospital	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	Anesthesiology	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1			
Inpatient Hospital			Anesthesiology	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	Chronic atrial fibrillation, unspecified	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	Chronic atrial fibrillation, unspecified	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Hematology/Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Hematology/Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Hematology/Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Hematology/Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	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	Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22830	EXPLORATION OF SPINAL FUSION	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22849	REINSERTION OF SPINAL FIXATION DEVICE	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	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	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION;	Surgery, Neurological	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1			
Inpatient Hospital			Surgery, Neurological	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1			
Inpatient Hospital			Surgery, Neurological	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Emergency Medicine	VOLVULUS	1			
Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Emergency Medicine	VOLVULUS	1			
Inpatient Hospital			Emergency Medicine	VOLVULUS	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			

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Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Skilled Nursing Facility			Internal Medicine	MAJOR LACERATION OF SPLEEN, SUBSEQUENT ENCOUNTER	1			
Skilled Nursing Facility			Internal Medicine	MAJOR LACERATION OF SPLEEN, SUBSEQUENT ENCOUNTER	1			
Skilled Nursing Facility			Internal Medicine	MAJOR LACERATION OF SPLEEN, SUBSEQUENT ENCOUNTER	1			

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Skilled Nursing Facility			Internal Medicine	MAJOR LACERATION OF SPLEEN, SUBSEQUENT ENCOUNTER		1	Medical Necessity	
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	47600	CHOLECYSTECTOMY;	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital			Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery, Thoracic	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1			
Inpatient Hospital			Surgery, Thoracic	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1			
Inpatient Hospital			Pediatrics	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			

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Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP		1	Medical Necessity	
Inpatient Hospital	47600	CHOLECYSTECTOMY;	Surgery	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION	1			
Inpatient Hospital			Surgery	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION	1			
Inpatient Hospital			Family Practice	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Family Practice	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Family Practice	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Unknown Code	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			

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Inpatient Hospital			Unknown Code	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	Unknown Code	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J3590	UNCLASSIFIED BIOLOGICS	Unknown Code	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	J9206	INJECTION, IRINOTECAN, 20 MG	Unknown Code	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital	P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	Unknown Code	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1			
Inpatient Hospital			Internal Medicine	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			
Inpatient Hospital			Internal Medicine	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			
Inpatient Hospital	61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER)	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			

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Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	1			
Inpatient Hospital			Otolaryngology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	1			
Inpatient Hospital	32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR OR MASS	Surgery, Thoracic	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1			
Inpatient Hospital			Surgery, Thoracic	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION (S)	Surgery, Oral & Macillofacial	BENIGN NEOPLASM OF LOWER JAW BONE	1			
Inpatient Hospital	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	Surgery, Oral & Macillofacial	BENIGN NEOPLASM OF LOWER JAW BONE	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	BENIGN NEOPLASM OF LOWER JAW BONE	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	BENIGN NEOPLASM OF LOWER JAW BONE	1			

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Inpatient Hospital			Surgery, Oral & Macillofacial	BENIGN NEOPLASM OF LOWER JAW BONE	1			
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22849	REINSERTION OF SPINAL FIXATION DEVICE	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			

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Inpatient Hospital	L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PNEUMONITIS DUE TO INHALATION OF FOOD AND VOMIT	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PNEUMONITIS DUE TO INHALATION OF FOOD AND VOMIT	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PNEUMONITIS DUE TO INHALATION OF FOOD AND VOMIT	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital			Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital			Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			

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Inpatient Hospital	21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	Surgery, Oral & Macillofacial	DISTURBANCES IN TOOTH FORMATION		1	Medical Necessity	
Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE ORE MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Macillofacial	DISTURBANCES IN TOOTH FORMATION	1			
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	DISTURBANCES IN TOOTH FORMATION	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	DISTURBANCES IN TOOTH FORMATION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Internal Medicine	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, LEFT HIP		1	Administrative	
Inpatient Hospital	63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACIC	Surgery, Neurological	SCHWANNOMATOSIS	1			
Inpatient Hospital	63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY INTRASPINAL PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SCHWANNOMATOSIS	1			
Inpatient Hospital			Surgery, Neurological	SCHWANNOMATOSIS	1			
Inpatient Hospital	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Obstetrics & Gynecology	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1			
Inpatient Hospital			Obstetrics & Gynecology	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1			

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On Campus - Outpatient Hospital			Psychiatry	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1			
On Campus - Outpatient Hospital			Psychiatry	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1			
Inpatient Hospital	19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WI TH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MA JOR MUSCLE	Surgery	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1			
Inpatient Hospital	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Oncology, Gynecologi c	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1			
Inpatient Hospital			Oncology, Gynecologi c	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1			
Inpatient Hospital			Oncology, Gynecologi c	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1			
Inpatient Hospital			Internal Medicine, Hospice	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY		1	Medical Necessity	
Inpatient Hospital			Internal Medicine, Hospice	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY		1	Medical Necessity	yes
Inpatient Hospital			Internal Medicine, Hospice	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY		1	Medical Necessity	yes
Inpatient Hospital			Internal Medicine, Hospice	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY		1	Medical Necessity	

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Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Unknown Code	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Unknown Code	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			

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Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACQUIRED ABSENCE OF LEFT FOOT	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	ENDOMETRIOSIS OF FALLOPIAN TUBE	1			
Inpatient Hospital			Obstetrics & Gynecology	ENDOMETRIOSIS OF FALLOPIAN TUBE	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR	Otolaryngology	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	1			
Inpatient Hospital			Otolaryngology	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	ACUTE KIDNEY FAILURE, UNSPECIFIED	1			

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Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22224	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22226	REVISE, EXTRA SPINE SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	Pediatric Nephrology	KIDNEY TRANSPLANT REJECTION	1			
Inpatient Hospital			Pediatric Nephrology	KIDNEY TRANSPLANT REJECTION	1			
Inpatient Hospital			Pediatric Nephrology	KIDNEY TRANSPLANT REJECTION	1			
Inpatient Hospital			Pediatric Nephrology	KIDNEY TRANSPLANT REJECTION	1			
Inpatient Hospital	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	Pediatric Nephrology	KIDNEY TRANSPLANT REJECTION	1			
Inpatient Hospital	J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	Pediatric Nephrology	KIDNEY TRANSPLANT REJECTION	1			
Inpatient Hospital	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER SPECIFIED POSTPROCEDURAL STATES	1			
Inpatient Hospital	58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 GRAMS, ABDOMINAL APPROACH	Obstetrics & Gynecology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL LEFT HIP PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital	27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL LEFT HIP PROSTHESIS, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL LEFT HIP PROSTHESIS, INITIAL ENCOUNTER	1			
On Campus - Outpatient Hospital			Psychiatry	EATING DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	EATING DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	EATING DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	EATING DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	EATING DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	EATING DISORDER, UNSPECIFIED	1			
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	1			
Inpatient Hospital	50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRICKER OPERATION)	Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	1			
Inpatient Hospital	51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	1			

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Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	1			
Skilled Nursing Facility			Family Practice	ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM	1			
Inpatient Hospital	57280	COLPOPEXY, ABDOMINAL APPROACH	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Critical Care Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Critical Care Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1			
Inpatient Hospital	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)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1			

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Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1			
Inpatient Hospital			Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			

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Inpatient Hospital			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	
Inpatient Hospital	50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	Urology	VESICoureTERAL-REFLUX, UNSPECIFIED	1			
Inpatient Hospital			Urology	VESICoureTERAL-REFLUX, UNSPECIFIED	1			
Inpatient Hospital			Pain Management	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING LEFT NON-DOMINANT SIDE	1			
Inpatient Hospital			Pain Management	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING LEFT NON-DOMINANT SIDE	1			

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Inpatient Hospital			Pain Management	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING LEFT NON-DOMINANT SIDE	1			
Inpatient Hospital	61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	Surgery, Neurological	DISORDER OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	DISORDER OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE RESPIRATORY FAILURE WITH HYPOXIA		1	Medical Necessity	
Inpatient Hospital	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	HYPERTROPHY OF UTERUS	1			
Inpatient Hospital			Obstetrics & Gynecology	HYPERTROPHY OF UTERUS	1			
Skilled Nursing Facility			Unknown Code	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE	1			

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Skilled Nursing Facility			Unknown Code	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE	1			
Skilled Nursing Facility			Unknown Code	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE		1	Medical Necessity	
Skilled Nursing Facility			Internal Medicine	ALCOHOL ABUSE, UNCOMPLICATED	1			
Skilled Nursing Facility			Internal Medicine	ALCOHOL ABUSE, UNCOMPLICATED	1			
Skilled Nursing Facility			Internal Medicine	ALCOHOL ABUSE, UNCOMPLICATED	1			
Inpatient Hospital	33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ATTENTION AND CONCENTRATION DEFICIT FOLLOWING CEREBRAL INFARCTION	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	58140	MYOMECTOMY, EXCISION OF FIBROID 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	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PNEUMONIA DUE TO OTHER GRAM-NEGATIVE BACTERIA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PNEUMONIA DUE TO OTHER GRAM-NEGATIVE BACTERIA	1			

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On Campus - Outpatient Hospital			Psychiatry	BIPOLAR DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	BIPOLAR DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	BIPOLAR DISORDER, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	BIPOLAR DISORDER, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	
Inpatient Hospital	49505	REPAIR INITIAL INIGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	Surgery, Oncology	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	1			
Inpatient Hospital			Surgery, Oncology	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			

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Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9045	INJECTION, CARBOPLATIN, 50 MG	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Pediatrics	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	Obstetrics & Gynecology	ENCOUNTER FOR STERILIZATION	1			
Inpatient Hospital			Obstetrics & Gynecology	ENCOUNTER FOR STERILIZATION		1	Medical Necessity	
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Psychiatry	ALCOHOL DEPENDENCE, UNCOMPLICATED	1			
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID,	Surgery, Thoracic	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1			
Inpatient Hospital			Surgery, Thoracic	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1			

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Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Skilled Nursing Facility			Pediatrics	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	1			
Skilled Nursing Facility			Pediatrics	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	1			
Skilled Nursing Facility			Pediatrics	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	1			
Skilled Nursing Facility			Pediatrics	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	1			
Skilled Nursing Facility			Pediatrics	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	1			

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Skilled Nursing Facility			Pediatrics	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	1			
Skilled Nursing Facility			Geriatric Medicine/Family Practice	ABSCESS OF LIVER	1			
Inpatient Hospital	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ENDOCARDITIS, VALVE UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ENDOCARDITIS, VALVE UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Skilled Nursing Facility			Internal Medicine	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	1			
Skilled Nursing Facility			Internal Medicine	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	1			

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Skilled Nursing Facility			Internal Medicine	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	1			
Skilled Nursing Facility			Internal Medicine	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	1			
Skilled Nursing Facility			Internal Medicine	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	1			
Skilled Nursing Facility			Internal Medicine	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA		1	Medical Necessity	
Skilled Nursing Facility			Internal Medicine	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	1			
Skilled Nursing Facility			Internal Medicine	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF DESCENDING COLON	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF DESCENDING COLON	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			

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Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL		1	Medical Necessity	
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Surgery, Oncology	NONTOXIC SINGLE THYROID NODULE	1			
Inpatient Hospital	60240	THYROIDECTOMY, TOTAL OR COMPLETE	Surgery, Oncology	NONTOXIC SINGLE THYROID NODULE	1			
Inpatient Hospital			Surgery, Oncology	NONTOXIC SINGLE THYROID NODULE	1			

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Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Unknown Code	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	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)	Unknown Code	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Unknown Code	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	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	Unknown Code	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital			Unknown Code	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	Surgery, Oncology	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	Surgery, Oncology	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital			Surgery, Oncology	OTHER SPECIFIED DISEASES OF LIVER	1			
Inpatient Hospital	15936	EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE;	Surgery, Plastic	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			
Inpatient Hospital			Surgery, Plastic	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE	1			

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Inpatient Hospital	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	Pediatric Surgery	PECTUS EXCAVATUM		1	Medical Necessity	
Inpatient Hospital	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	Pediatric Surgery	PECTUS EXCAVATUM		1	Medical Necessity	
Inpatient Hospital			Pediatric Surgery	PECTUS EXCAVATUM		1	Medical Necessity	
Inpatient Hospital	48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	Surgery	INTRAHEPATIC BILE DUCT CARCINOMA	1			
Inpatient Hospital			Surgery	INTRAHEPATIC BILE DUCT CARCINOMA	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SEPSIS, UNSPECIFIED ORGANISM	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	SEPSIS, UNSPECIFIED ORGANISM		1	Medical Necessity	
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID AND CE	Surgery, Neurological	ANEURYSM OF CAROTID ARTERY	1			
Inpatient Hospital	36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	Surgery, Neurological	ANEURYSM OF CAROTID ARTERY	1			
Inpatient Hospital	36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	ANEURYSM OF CAROTID ARTERY	1			

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Inpatient Hospital	37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, OPEN OR PERCUTANEOUS, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; WITH DISTAL EMBOLIC PROTECTION	Surgery, Neurological	ANEURYSM OF CAROTID ARTERY	1			
Inpatient Hospital	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	Surgery, Neurological	ANEURYSM OF CAROTID ARTERY	1			
Inpatient Hospital			Surgery, Neurological	ANEURYSM OF CAROTID ARTERY	1			
Inpatient Hospital			Internal Medicine	SEPSIS, UNSPECIFIED ORGANISM		1	Medical Necessity	
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY;	Surgery, Oncology	DISEASE OF PANCREAS, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Oncology	DISEASE OF PANCREAS, UNSPECIFIED	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurologic al	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	

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Inpatient Hospital			Cardiology	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 24 COMPLETED WEEKS	1			
Inpatient Hospital			Cardiology	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 24 COMPLETED WEEKS	1			
Inpatient Hospital	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)	Surgery, Thoracic Cardiovascular	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1			
Inpatient Hospital	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Pediatric Surgery	SEQUESTRATION OF LUNG	1			
Inpatient Hospital			Pediatric Surgery	SEQUESTRATION OF LUNG	1			
Inpatient Hospital			Surgery, Orthopedic	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	1			
Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			

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Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	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)	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital			Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	SUBSEROSAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital			Obstetrics & Gynecology	SUBSEROSAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital	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)	Surgery, Orthopedic	CONGENITAL SPONDYLOLISTHESIS	1			

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	CONGENITAL SPONDYLOLISTHESIS	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	CONGENITAL SPONDYLOLISTHESIS	1			
Inpatient Hospital	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	Surgery, Orthopedic	CONGENITAL SPONDYLOLISTHESIS	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	CONGENITAL SPONDYLOLISTHESIS	1			
Inpatient Hospital			Surgery, Orthopedic	CONGENITAL SPONDYLOLISTHESIS	1			
Inpatient Hospital	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Pediatric Surgery	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Pediatric Surgery	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Pediatric Surgery	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Pediatric Surgery	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			

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On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Surgery, Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT RADICAL MEDIASTINAL DISSECTION (SEPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1			

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Inpatient Hospital	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology & Psychiatry	LENNOX-GASTAUT SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology & Psychiatry	LENNOX-GASTAUT SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Neurology & Psychiatry	LENNOX-GASTAUT SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology & Psychiatry	LENNOX-GASTAUT SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology & Psychiatry	LENNOX-GASTAUT SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			

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Inpatient Hospital	52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPROCTOSTOMY	Surgery	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
Inpatient Hospital	44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	Surgery	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
Inpatient Hospital	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANA STOMOSIS, CREATION OF ILEAL RESERVOIR (S OR J), INCLUDES LOOP ILEO STOMY, AND RECTAL MUCOSECTOMY, WHEN PERFORMED	Surgery	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
Inpatient Hospital	33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUP	Cardiac Electrophysiology	Other persistent atrial fibrillation	1			
Inpatient Hospital			Cardiac Electrophysiology	Other persistent atrial fibrillation	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S)), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery, Colon & Rectal	ILEOSTOMY STATUS	1			
Inpatient Hospital	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Surgery, Colon & Rectal	ILEOSTOMY STATUS	1			
Inpatient Hospital	44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	Surgery, Colon & Rectal	ILEOSTOMY STATUS	1			
Inpatient Hospital			Surgery, Colon & Rectal	ILEOSTOMY STATUS	1			
Inpatient Hospital	45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital			Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital	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	Pediatric Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital			Pediatric Neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	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	Surgery, Neurological	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP		1	Administrative	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	

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Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	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	Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital	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)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1			
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1			
Inpatient Hospital	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	Surgery, Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1			
Inpatient Hospital	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	Surgery, Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1			
Inpatient Hospital	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1			
Inpatient Hospital			Surgery, Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1			
Inpatient Hospital	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital	70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (EG, TO ASSESS FOR RESIDUAL TUMOR OR RESIDUAL VASCULAR MALFORMATION); WITHOUT CONTRAST MATERIAL	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Internal Medicine	POISONING BY UNSPECIFIED DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES, ACCIDENTAL (UNINTENTIONAL), INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	POISONING BY UNSPECIFIED DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES, ACCIDENTAL (UNINTENTIONAL), INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	POISONING BY UNSPECIFIED DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES, ACCIDENTAL (UNINTENTIONAL), INITIAL ENCOUNTER	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE KIDNEY FAILURE WITH TUBULAR NECROSIS	1			
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital			Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Oncology, Gynecologic	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital			Oncology, Gynecologic	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic	PANNICULITIS, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Surgery, Plastic	PANNICULITIS, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Unknown Code	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital			Unknown Code	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital			Unknown Code	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Unknown Code	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Unknown Code	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Unknown Code	MALIGNANT NEOPLASM OF CEREBELLUM	1			

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Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Unknown Code	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Obstetrics & Gynecology	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1			
Inpatient Hospital			Obstetrics & Gynecology	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1			
Inpatient Hospital	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG	1			
Inpatient Hospital	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESECTION OF SEGMENT OF BRONCHUS FOLLOWED BY BRONCHO-BRONCHIAL ANASTOMOSIS (SLEEVE LOBECTOMY)	Surgery, Thoracic Cardiovascular	MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG	1			
Inpatient Hospital	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG (PNEUMONECTOMY)	Surgery, Thoracic Cardiovascular	MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	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)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL OR CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY, OR DISCECTOMY, (EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; LUMBAR, EXCEPT FOR SPONDYLOLISTHESIS	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	Radiology, Diagnostic	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital	36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	Radiology, Diagnostic	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	1			

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Inpatient Hospital	61635	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL (EG, ATHEROSCLEROTIC STENOSIS), INCLUDING BALLOON ANGIOPLASTY, IF PERFORMED	Radiology, Diagnostic	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital	75894	TRANSCATHETER THERAPY, EMBOLIZATION (EG, PARTICULATE OR LIQUID), INCLUDING ANGIOGRAPHY; SUPERVISION AND INTERPRETATION ONLY	Radiology, Diagnostic	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital			Radiology, Diagnostic	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital	27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	Surgery, Orthopedic	KRABBE DISEASE	1			
Inpatient Hospital	27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	Surgery, Orthopedic	KRABBE DISEASE	1			
Inpatient Hospital	27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	Surgery, Orthopedic	KRABBE DISEASE	1			
Inpatient Hospital	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET PROCEDURE)	Surgery, Orthopedic	KRABBE DISEASE	1			
Inpatient Hospital	27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	Surgery, Orthopedic	KRABBE DISEASE	1			
Inpatient Hospital	27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	Surgery, Orthopedic	KRABBE DISEASE	1			
Inpatient Hospital	28715	ARTHRODESIS; TRIPLE	Surgery, Orthopedic	KRABBE DISEASE	1			
Inpatient Hospital			Surgery, Orthopedic	KRABBE DISEASE	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Administrative	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes

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Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			

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Inpatient Hospital	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)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1			
Inpatient Hospital	L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1			
Inpatient Hospital	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			

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Inpatient Hospital	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	64450	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; OTHER PERIPHERAL NERVE OR BRANCH	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1			
Skilled Nursing Facility			Internal Medicine	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			

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Skilled Nursing Facility			Internal Medicine	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Skilled Nursing Facility			Internal Medicine	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Skilled Nursing Facility			Internal Medicine	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE		1	Medical Necessity	
Skilled Nursing Facility			Internal Medicine	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Skilled Nursing Facility			Internal Medicine	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Skilled Nursing Facility			Internal Medicine	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE		1	Medical Necessity	
Inpatient Hospital			Psychiatry, Geriatric	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES, SEVERE	1			

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Inpatient Hospital	63200	LAMINECTOMY, FOR RELEASE OF TETHERED SPINAL CORD, LUMBAR	Pediatric Neurology	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SPINAL CORD	1			
Inpatient Hospital	63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACOLUMBAR	Pediatric Neurology	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SPINAL CORD	1			
Inpatient Hospital	63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURAL-INTRADURAL LESION, ANY LEVEL	Pediatric Neurology	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SPINAL CORD	1			
Inpatient Hospital	63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY INTRASPINAL PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Neurology	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SPINAL CORD	1			
Inpatient Hospital	63710	DURAL GRAFT, SPINAL	Pediatric Neurology	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SPINAL CORD	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Neurology	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SPINAL CORD	1			
Inpatient Hospital			Pediatric Neurology	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SPINAL CORD	1			
Inpatient Hospital			Unknown Code	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Inpatient Hospital			Unknown Code	MALIGNANT NEOPLASM OF CEREBELLUM	1			
Skilled Nursing Facility			Internal Medicine	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	1			
Skilled Nursing Facility			Internal Medicine	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	1			

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Skilled Nursing Facility			Internal Medicine	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	1			
Skilled Nursing Facility			Internal Medicine	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital	45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			

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Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA		1	Medical Necessity	yes
Inpatient Hospital	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Oral & Macillofacial	MANDIBULAR HYPOPLASIA		1	Medical Necessity	yes
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital			Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			

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Inpatient Hospital			Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESC EIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Colon & Rectal	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery, Colon & Rectal	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	Surgery, Colon & Rectal	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL APPROACH	Pediatric Surgery	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF INTESTINE	1			
Inpatient Hospital	44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENDABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	Pediatric Surgery	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF INTESTINE	1			
Inpatient Hospital	49322	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST) (SINGLE OR MULTIPLE)	Pediatric Surgery	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF INTESTINE	1			
Inpatient Hospital			Pediatric Surgery	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF INTESTINE	1			
Inpatient Hospital	44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	Surgery, Colon & Rectal	COLOSTOMY STATUS	1			
Inpatient Hospital	45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	Surgery, Colon & Rectal	COLOSTOMY STATUS	1			
Inpatient Hospital			Surgery, Colon & Rectal	COLOSTOMY STATUS	1			
Inpatient Hospital	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital			Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
On Campus - Outpatient Hospital			Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
On Campus - Outpatient Hospital			Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
On Campus - Outpatient Hospital			Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
On Campus - Outpatient Hospital			Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1			

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Inpatient Hospital	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)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CONGENITAL HYDROCEPHALUS	1			
Inpatient Hospital	62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	Surgery, Neurological	OTHER CONGENITAL HYDROCEPHALUS	1			
Inpatient Hospital	62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM	Surgery, Neurological	OTHER CONGENITAL HYDROCEPHALUS	1			
Inpatient Hospital			Surgery, Neurological	OTHER CONGENITAL HYDROCEPHALUS	1			
Inpatient Hospital			Surgery, Neurological	OTHER CONGENITAL HYDROCEPHALUS	1			
Inpatient Hospital	33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1			

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Inpatient Hospital	33859	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, WHEN PERFORMED; FOR AORTIC DISEASE OTHER THAN DISSECTION (EG, ANEURYSM)	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOLATION AND CONTROL OF THE ARCH VESSELS, BEVELED OPEN DISTAL AORTIC ANASTOMOSIS EXTENDING UNDER ONE OR MORE OF THE ARCH VESSELS, AND TOTALCIRCULATORY ARREST OR ISOLATED CEREBRAL PERFUSION (LIST SEPARATELY IN ADDITION TO	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes

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Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS.	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Administrative	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	yes
Skilled Nursing Facility			Internal Medicine	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital	44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1			

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Inpatient Hospital	23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HENIARTHROPLASTY	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
Inpatient Hospital			Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital	32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	Surgery, Thoracic Cardiovascular	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery, Colon & Rectal	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA	1			

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Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA	1			
Inpatient Hospital	59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS) DELIVERY INCLUDING POSTPARTUM CARE	Maternal & Fetal Medicine	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1			
Inpatient Hospital			Maternal & Fetal Medicine	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1			
Inpatient Hospital			Maternal & Fetal Medicine	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE RESPIRATORY DISTRESS SYNDROME	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE RESPIRATORY DISTRESS SYNDROME	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE RESPIRATORY DISTRESS SYNDROME	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE RESPIRATORY DISTRESS SYNDROME	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	
Inpatient Hospital	34705	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETA	Surgery	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES) DISTAL TO THE COMMON ILIAC ARTERY(IES) OR PROXIMAL TO THE RENAL ARTERY(IES) FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, PENETRATING ULCER, INCLUDING PRE-PROCED	Surgery	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	34712	TRANSCATHETER DELIVERY OF ENHANCED FIXATION DEVICE(S) TO THE ENDOGRAFT (EG, ANCHOR, SCREW, TACK) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	Surgery	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOGRAFT THROUGH A LARGE SHEATH (12 FRENCH OR LARGER), INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital			Surgery	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	ADULT HYPERTROPHIC PYLORIC STENOSIS	1			
Inpatient Hospital			Surgery	ADULT HYPERTROPHIC PYLORIC STENOSIS	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	Surgery, Neurological	CEREBRAL ANEURYSM, NONRUPTURED	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CEREBRAL ANEURYSM, NONRUPTURED	1			
Inpatient Hospital			Surgery, Neurological	CEREBRAL ANEURYSM, NONRUPTURED	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE		1	Medical Necessity	
Inpatient Hospital			Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			

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Inpatient Hospital	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	POLYCYSTIC KIDNEY, UNSPECIFIED	1			
Inpatient Hospital			Urology	POLYCYSTIC KIDNEY, UNSPECIFIED	1			
Inpatient Hospital			Urology	POLYCYSTIC KIDNEY, UNSPECIFIED	1			
Inpatient Hospital	50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYEOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTING OR BASKET EXTRACTION; UP TO 2 CM	Pediatric Urology	CALCULUS OF KIDNEY	1			
Inpatient Hospital	52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL CATHETERIZATION IS INCLUDED)	Pediatric Urology	CALCULUS OF KIDNEY	1			
Inpatient Hospital			Pediatric Urology	CALCULUS OF KIDNEY	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF DESCENDING COLON	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF DESCENDING COLON	1			
Skilled Nursing Facility			Internal Medicine	PAROXYSMAL ATRIAL FIBRILLATION	1			

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Skilled Nursing Facility			Internal Medicine	PAROXYSMAL ATRIAL FIBRILLATION	1			
Skilled Nursing Facility			Internal Medicine	PAROXYSMAL ATRIAL FIBRILLATION	1			
Skilled Nursing Facility			Internal Medicine	PAROXYSMAL ATRIAL FIBRILLATION	1			
Skilled Nursing Facility			Internal Medicine	PAROXYSMAL ATRIAL FIBRILLATION		1	Medical Necessity	
Inpatient Hospital	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)	Surgery, Thoracic	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery, Thoracic	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery, Thoracic	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital			Surgery, Thoracic	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Administrative	
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	ACCIDENTAL DISCHARGE OF SHOTGUN, INITIAL ENCOUNTER		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	ACCIDENTAL DISCHARGE OF SHOTGUN, INITIAL ENCOUNTER		1	Medical Necessity	yes
Inpatient Hospital			Internal Medicine	ACCIDENTAL DISCHARGE OF SHOTGUN, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Internal Medicine	ACCIDENTAL DISCHARGE OF SHOTGUN, INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	ACCIDENTAL DISCHARGE OF SHOTGUN, INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	ACCIDENTAL DISCHARGE OF SHOTGUN, INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	ACCIDENTAL DISCHARGE OF SHOTGUN, INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	ACCIDENTAL DISCHARGE OF SHOTGUN, INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	ACCIDENTAL DISCHARGE OF SHOTGUN, INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	ACCIDENTAL DISCHARGE OF SHOTGUN, INITIAL ENCOUNTER	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			

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Inpatient Hospital	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)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	61590	INFRA TEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPACE, INFRA TEMPORAL AND MIDLINE SKULL BASE, NASOPHARYNX), WITH OR WITHOUT DIARTICULATION OF THE MADIBLE, INCLUDING PAROTIDECTOMY, CRANIOTOMY, DECOMPRESSION AND/OR PETROUS CAROT	Otology/Neurotology	Other cranial cerebrospinal fluid leak	1			
Inpatient Hospital	62120	REPAIR OF ENCEPHALOCELE, INCLUDING CRANIOPLASTY	Otology/Neurotology	Other cranial cerebrospinal fluid leak	1			
Inpatient Hospital	62121	CRANIOTOMY WITH REPAIR OF ENCEPHALOCELE, SKULL BASE	Otology/Neurotology	Other cranial cerebrospinal fluid leak	1			
Inpatient Hospital			Otology/Neurotology	Other cranial cerebrospinal fluid leak	1			
Inpatient Hospital			Pediatric Orthopedic	CONGENITAL MALFORMATION SYNDROMES PREDOMINANTLY INVOLVING LIMBS	1			

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Inpatient Hospital			Pediatric Orthopedic	CONGENITAL MALFORMATION SYNDROMES PREDOMINANTLY INVOLVING LIMBS	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	yes
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	yes

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION		1	Medical Necessity	yes
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			

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Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS	Surgery, Colon & Rectal	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery, Colon & Rectal	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital	44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	Surgery, Colon & Rectal	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENDOMETRIOSIS, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Family Practice	OSTEOMYELITIS, UNSPECIFIED	1			
Inpatient Hospital			Family Practice	OSTEOMYELITIS, UNSPECIFIED	1			
Inpatient Hospital			Family Practice	OSTEOMYELITIS, UNSPECIFIED	1			
Inpatient Hospital			Family Practice	OSTEOMYELITIS, UNSPECIFIED	1			

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Inpatient Hospital			Family Practice	OSTEOMYELITIS, UNSPECIFIED	1			
Inpatient Hospital			Family Practice	OSTEOMYELITIS, UNSPECIFIED	1			
Inpatient Hospital			Family Practice	OSTEOMYELITIS, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL INSTABILITIES, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL INSTABILITIES, LUMBAR REGION	1			
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	SPINAL INSTABILITIES, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPINAL INSTABILITIES, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL INSTABILITIES, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL INSTABILITIES, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL INSTABILITIES, LUMBAR REGION	1			

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Inpatient Hospital	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital	20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital			Internal Medicine	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Internal Medicine	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Internal Medicine	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Internal Medicine	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Internal Medicine	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Internal Medicine	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF THYROID GLAND	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CRITICAL ILLNESS MYOPATHY	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CRITICAL ILLNESS MYOPATHY	1			
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	CYST OF KIDNEY, ACQUIRED	1			
Inpatient Hospital			Urology	CYST OF KIDNEY, ACQUIRED	1			
Inpatient Hospital	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital			Surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital			Surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			

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Inpatient Hospital	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	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	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital	33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITHOUT CARDIOPULMONARY BYPASS	Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	33463	VALVULOPLASTY; TRICUSPID VALVE; WITHOUT RING INSERTION	Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatric Hematology-Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1			
Inpatient Hospital			Pediatric Hematology-Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1			
Inpatient Hospital			Pediatric Hematology-Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1			
Inpatient Hospital			Pediatric Hematology-Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1			
Inpatient Hospital			Pediatric Hematology-Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1			
Inpatient Hospital	J9260	METHOTREXATE SODIUM MTX 2CC OR 50MG	Pediatric Hematology-Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			

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Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1			
Skilled Nursing Facility			Internal Medicine	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S) WITHOUT ANGINA PECTORIS	1			
Skilled Nursing Facility			Internal Medicine	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S) WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	HYPOTHYROIDISM, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Surgery	HYPOTHYROIDISM, UNSPECIFIED		1	Medical Necessity	
Skilled Nursing Facility			Pulmonary Disease	SEPSIS, UNSPECIFIED ORGANISM	1			
Skilled Nursing Facility			Pulmonary Disease	SEPSIS, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION, UNSPECIFIED	1			

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Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	CEREBRAL INFARCTION, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital			Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1			
Inpatient Hospital	59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Obstetrics & Gynecology	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1			
Inpatient Hospital			Obstetrics & Gynecology	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			

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Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA		1	Medical Necessity	
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1			
Inpatient Hospital	49255	OMENECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Pediatric Surgery	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			

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Inpatient Hospital	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Pediatric Surgery	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Pediatric Surgery	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER CEREBROVASCULAR DISEASE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER CEREBROVASCULAR DISEASE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER CEREBROVASCULAR DISEASE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER CEREBROVASCULAR DISEASE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE (EG, LASER)	Surgery	DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			

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Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			

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Inpatient Hospital	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	19361	BREAST RECONSTRUCTION; WITH LATISSIMUS DORSI FLAP	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA		1	Medical Necessity	
Inpatient Hospital	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			

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Inpatient Hospital	46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ANKYLOSIS, RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital	50240	NEPHRECTOMY, PARTIAL	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital			Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Critical Care Medicine	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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)	Critical Care Medicine	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Critical Care Medicine	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Critical Care Medicine	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Critical Care Medicine	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Critical Care Medicine	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Critical Care Medicine	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Critical Care Medicine	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital			Obstetrics & Gynecology	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP		1	Administrative	
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP		1	Medical Necessity	yes
Inpatient Hospital			Physical Medicine & Rehabilitation	CARDIAC ARREST, CAUSE UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY		1	Medical Necessity	

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Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	1			
Inpatient Hospital	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)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	1			
Inpatient Hospital	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	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	1			
Inpatient Hospital			Surgery, Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital	14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	TRANSSEXUALISM	1			

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Inpatient Hospital	15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THE	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	15770	GRAFT; DERMA-FAT-FASCIA	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHET	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	55180	SCROTOPLASTY; COMPLICATED	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	55980	INTERSEX SURGERY; FEMALE TO MALE	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital			Surgery, Plastic	TRANSSEXUALISM	1			

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Inpatient Hospital			Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital			Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital			Surgery, Plastic	TRANSSEXUALISM	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital	19364	BREAST RECONSTRUCTION; WITH FREE FLAP (EG, FTRAM, DIEP, SIEA, GAP FLAP)	Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NO DE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital			Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	C1763	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1			
Inpatient Hospital	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			

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Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER CEREBROVASCULAR DISEASE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER CEREBROVASCULAR DISEASE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER CEREBROVASCULAR DISEASE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
Inpatient Hospital	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	

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Inpatient Hospital	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	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	CERVICALGIA		1	Medical Necessity	
Inpatient Hospital	96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital	96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital	96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital	96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			

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Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital	J9100	INJECTION, CYTARABINE, 100 MG	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital	J9100	INJECTION, CYTARABINE, 100 MG	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Pediatric Hematology-Oncology	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	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)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE, INCLUDES BONE GRAFT WHEN PERFORMED, L5-S1 INTERSPACE	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			

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Inpatient Hospital	63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL OR CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY, OR DISKECTOMY, (EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; SACRAL	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDIA EQUINA AND NERVE ROOTS SPONDYLOLISTHESIS, LUMBAR(GILL TYPE PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF RIGHT OVARY	1			
Inpatient Hospital			Obstetrics & Gynecology	MALIGNANT NEOPLASM OF RIGHT OVARY	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA		1	Medical Necessity	

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Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER		1	Medical Necessity	
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR OR DORSAL	Surgery	HYPERALDOSTERONISM, UNSPECIFIED	1			
Inpatient Hospital			Surgery	HYPERALDOSTERONISM, UNSPECIFIED	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			

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Inpatient Hospital	61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTINE ANGLE TUMOR, OR MIDLINE TUMOR AT BASE OF SKULL	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LONG TERM SEIZURE MONITORING	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SEIZURE MONITORING	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	43632	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTROJEJUNOSTOMY	Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding	1			
Inpatient Hospital			Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding	1			

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Inpatient Hospital			Oncology, Orthopedic	INSTABILITY OF INTERNAL LEFT KNEE PROSTHESIS, INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	1			
Inpatient Hospital	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
Inpatient Hospital	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
Inpatient Hospital	35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER EXTREMITY (EG, COMMON FEMORAL, DEEP FEMORAL, SUPERFICIAL FEMORAL, POPLI TEAL, TIBIAL, PERONEAL	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1			
Inpatient Hospital			Surgery	PNEUMONIA, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Surgery	PNEUMONIA, UNSPECIFIED ORGANISM	1			
Inpatient Hospital			Surgery	PNEUMONIA, UNSPECIFIED ORGANISM	1			
Skilled Nursing Facility			Internal Medicine	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			

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Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital	11640	EXCISION, MALIGNANT LESION, INCLUDING MARGINS FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.5 CM OR LESS	Oncology	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	1			
Inpatient Hospital	15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	Oncology	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	1			
Inpatient Hospital			Oncology	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	1			
Inpatient Hospital	44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLECTOMY	Surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital	49905	OMENTAL FLAP, INTRA-ABDONINAL	Surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital			Surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Neurological	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM OF LOWER LIMB, INCLUDING HIP	1			
Inpatient Hospital	63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	Surgery, Neurological	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM OF LOWER LIMB, INCLUDING HIP	1			

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Inpatient Hospital	63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, LUMBAR	Surgery, Neurological	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM OF LOWER LIMB, INCLUDING HIP	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM OF LOWER LIMB, INCLUDING HIP	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital			Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital	44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTEC TOMY,	Surgery, Colon & Rectal	CONSTIPATION, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	CONSTIPATION, UNSPECIFIED	1			
Inpatient Hospital	58180	SUPRACERVICAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER		1	Medical Necessity	

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Inpatient Hospital			Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER		1	Medical Necessity	
Inpatient Hospital	49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS	Oncology, Gynecologic	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Oncology, Gynecologic	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital			Oncology, Gynecologic	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1			
Inpatient Hospital	44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	63710	DURAL GRAFT, SPINAL	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH DIRECT ANASTOMOSIS	Surgery, Congenital Cardiac/Thoracic	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1			
Inpatient Hospital			Surgery, Congenital Cardiac/Thoracic	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1			

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Inpatient Hospital			Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	Surgery, Plastic	BENIGN NEOPLASM OF LOWER JAW BONE	1			

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Inpatient Hospital			Surgery, Plastic	BENIGN NEOPLASM OF LOWER JAW BONE	1			
Inpatient Hospital			Surgery, Plastic	BENIGN NEOPLASM OF LOWER JAW BONE	1			
Inpatient Hospital			Surgery, Plastic	BENIGN NEOPLASM OF LOWER JAW BONE	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LONG TERM SEIZURE MONITORING	Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Obstetrics & Gynecology	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1			
Inpatient Hospital	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Obstetrics & Gynecology	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1			
Inpatient Hospital			Obstetrics & Gynecology	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1			

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Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Oncology, Gynecologic	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital			Oncology, Gynecologic	INTRAMURAL LEIOMYOMA OF UTERUS	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA	1			
Inpatient Hospital	21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	23405	TENOMYOTOMY, SHOULDER AREA; SINGLE TENDON	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR,) ARTERY; NECK (EG, CAROTID, SUBCLAVIAN)	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			

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Inpatient Hospital	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	AGE-RELATED PHYSICAL DEBILITY	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED	Surgery	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Surgery	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Surgery	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19	1			
Inpatient Hospital			Internal Medicine	COVID-19		1	Medical Necessity	
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery, Colon & Rectal	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA	1			

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Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	1			
Inpatient Hospital	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1			
Inpatient Hospital	33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Gynecology	PELVIC AND PERINEAL PAIN	1			
Inpatient Hospital			Gynecology	PELVIC AND PERINEAL PAIN	1			
Inpatient Hospital	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND LOWER MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH SEPARATE THORACOSCOPIC MOBILIZATION OF THE MIDDLE	Surgery, Thoracic	DISEASE OF ESOPHAGUS, UNSPECIFIED	1			

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Inpatient Hospital			Surgery, Thoracic	DISEASE OF ESOPHAGUS, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Thoracic	DISEASE OF ESOPHAGUS, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Thoracic	DISEASE OF ESOPHAGUS, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URETER, NEPHROPEXY, NEPHROSTOMY, PYELOSTOMY, OR URETERAL SPLINTING; COMPLICATED (CONGENITAL KIDNEY ABNORMALITY, SECONDARY PYELOPLASTY, SOLITARY KID	Pediatric Urology	CONGENITAL HYDRONEPHROSIS	1			
Inpatient Hospital	50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	Pediatric Urology	CONGENITAL HYDRONEPHROSIS	1			
Inpatient Hospital	52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;	Pediatric Urology	CONGENITAL HYDRONEPHROSIS	1			
Inpatient Hospital			Pediatric Urology	CONGENITAL HYDRONEPHROSIS	1			
Inpatient Hospital			Pediatric Urology	CONGENITAL HYDRONEPHROSIS	1			
Inpatient Hospital	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	CONSTIPATION, UNSPECIFIED	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	CONSTIPATION, UNSPECIFIED	1			
Inpatient Hospital			Surgery	CONSTIPATION, UNSPECIFIED	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	BENIGN NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	1			

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Inpatient Hospital	61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG ELECTRODE(S), PRESSURE RECORDING DEVICE, OR OTHER CEREBRAL MONITORING DEVICE (SEPARATE PROCEDURE)	Surgery, Neurological	Other disorders of meninges, not elsewhere classified	1			
Inpatient Hospital	61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG ELECTRODE(S), PRESSURE RECORDING DEVICE, OR OTHER CEREBRAL MONITORING DEVICE (SEPARATE PROCEDURE)	Surgery, Neurological	Other disorders of meninges, not elsewhere classified	1			
Inpatient Hospital	61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER	Surgery, Neurological	Other disorders of meninges, not elsewhere classified	1			
Inpatient Hospital	61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER	Surgery, Neurological	Other disorders of meninges, not elsewhere classified	1			
Inpatient Hospital			Surgery, Neurological	Other disorders of meninges, not elsewhere classified	1			
Inpatient Hospital			Surgery, Neurological	Other disorders of meninges, not elsewhere classified	1			
Inpatient Hospital	44210	LAPAROSCOPY, SURGICAL;COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	Pediatric Surgery	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Surgery	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			

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Inpatient Hospital	33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM; WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	Pediatric Thoracic & Cardiovascular Surgery	ATRIOVENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital	36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	Pediatric Thoracic & Cardiovascular Surgery	ATRIOVENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital	90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRATION, OR OTHER CONTINUOUS RENAL REPLACEMENT THERAPIES), WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	Pediatric Thoracic & Cardiovascular Surgery	ATRIOVENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENSIONAL IMAGE ACQUISITION AND INTERPRETATION LEADING TO ONGOING (CONTINUOUS) ASSESSMENT OF (DYNAMICALLY CHANGING) CARDIAC PUMPING FUNCTION AND TO	Pediatric Thoracic & Cardiovascular Surgery	ATRIOVENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital			Pediatric Thoracic & Cardiovascular Surgery	ATRIOVENTRICULAR SEPTAL DEFECT	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DRUG-INDUCED MYOPATHY	1			
Inpatient Hospital	15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY NAMED AXIAL VESSEL	Otolaryngology	BENIGN NEOPLASM, UNSPECIFIED SITE	1			
Inpatient Hospital	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Otolaryngology	BENIGN NEOPLASM, UNSPECIFIED SITE	1			

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Inpatient Hospital	20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	Otolaryngology	BENIGN NEOPLASM, UNSPECIFIED SITE	1			
Inpatient Hospital	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; EHTMOID REGION	Otolaryngology	BENIGN NEOPLASM, UNSPECIFIED SITE	1			
Inpatient Hospital	61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ETHMOIDECTOMY, SPHENOIDECTOMY, WITHOUT MAXILLECTOMY OR ORBITAL EXENTERATION	Otolaryngology	BENIGN NEOPLASM, UNSPECIFIED SITE	1			
Inpatient Hospital	61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA; EXTRADURAL	Otolaryngology	BENIGN NEOPLASM, UNSPECIFIED SITE	1			
Inpatient Hospital	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Otolaryngology	BENIGN NEOPLASM, UNSPECIFIED SITE	1			
Inpatient Hospital			Otolaryngology	BENIGN NEOPLASM, UNSPECIFIED SITE	1			
Inpatient Hospital			Otolaryngology	BENIGN NEOPLASM, UNSPECIFIED SITE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF FRONTAL LOBE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MALIGNANT NEOPLASM OF FRONTAL LOBE		1	Medical Necessity	

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	38100	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	Surgery	HEREDITARY SPHEROCYTOSIS	1			
Inpatient Hospital			Surgery	HEREDITARY SPHEROCYTOSIS	1			
Inpatient Hospital	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)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital			Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Skilled Nursing Facility			Internal Medicine	ENCEPHALOPATHY, UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	ENCEPHALOPATHY, UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	ENCEPHALOPATHY, UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	ENCEPHALOPATHY, UNSPECIFIED		1	Medical Necessity	
On Campus - Outpatient Hospital			Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
On Campus - Outpatient Hospital			Psychiatry	ANOREXIA NERVOSA, RESTRICTING TYPE	1			
Inpatient Hospital	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1			
Inpatient Hospital			Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE		1	Medical Necessity	
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Skilled Nursing Facility			Family Practice	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED		1	Medical Necessity	

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Skilled Nursing Facility			Family Practice	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED		1	Medical Necessity	yes
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION;	Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	Surgery, Plastic	OTHER SPECIFIED ANOMALIES OF JAW-CRANIAL BASE RELATIONSHIP	1			
Inpatient Hospital			Surgery, Plastic	OTHER SPECIFIED ANOMALIES OF JAW-CRANIAL BASE RELATIONSHIP	1			
Inpatient Hospital			Surgery, Plastic	OTHER SPECIFIED ANOMALIES OF JAW-CRANIAL BASE RELATIONSHIP	1			
Inpatient Hospital	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS AND CAROTID ARTERY, CLIVUS, BASILAR ARTERY OR PETROUS APEX) INCLUDING OSTEOTOMY OF ZYGOMA, CRANIOTOMY, EXTRA- OR INTRADURAL ELEVATION OF TEMPORAL LOBE	Otolaryngology	Cranial cerebrospinal fluid leak, spontaneous	1			
Inpatient Hospital	61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING DURAL REPAIR, WITH OR WITHOUT GRAFT	Otolaryngology	Cranial cerebrospinal fluid leak, spontaneous	1			
Inpatient Hospital	62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	Otolaryngology	Cranial cerebrospinal fluid leak, spontaneous	1			
Inpatient Hospital			Otolaryngology	Cranial cerebrospinal fluid leak, spontaneous	1			

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Inpatient Hospital			Neurology	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CRITICAL ILLNESS MYOPATHY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	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	Pediatric Nephrology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	
Inpatient Hospital	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	Pediatric Nephrology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	yes
Inpatient Hospital			Pediatric Nephrology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	
Inpatient Hospital			Pediatric Nephrology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS		1	Medical Necessity	yes
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			
Inpatient Hospital			Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1			

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	LOW BACK PAIN	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	LOW BACK PAIN	1			
Inpatient Hospital	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	Surgery, Orthopedic	LOW BACK PAIN	1			
Inpatient Hospital			Surgery, Orthopedic	LOW BACK PAIN	1			
Inpatient Hospital	44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	Surgery, Colon & Rectal	COLOSTOMY STATUS	1			
Inpatient Hospital			Surgery, Colon & Rectal	COLOSTOMY STATUS	1			
Inpatient Hospital			Surgery, Colon & Rectal	COLOSTOMY STATUS	1			
Inpatient Hospital			Internal Medicine	COVID-19		1	Medical Necessity	
Inpatient Hospital	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1			

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Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Sports Medicine	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
Inpatient Hospital			Sports Medicine	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1			
Inpatient Hospital			Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital			Endocrinology, Diabetes & Metabolism	CRITICAL ILLNESS MYOPATHY	1			
Inpatient Hospital			Endocrinology, Diabetes & Metabolism	CRITICAL ILLNESS MYOPATHY	1			
Inpatient Hospital	49255	OMENECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital			Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Skilled Nursing Facility			Unknown Code	END STAGE RENAL DISEASE	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC		1	Medical Necessity	

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Inpatient Hospital			Surgery, Orthopedic	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC		1	Medical Necessity	
Skilled Nursing Facility			Internal Medicine	PERITONITIS, UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	PERITONITIS, UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	PERITONITIS, UNSPECIFIED	1			
Inpatient Hospital	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital	61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LONG TERM SEIZURE MONITORING	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital			Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	MAXILLARY HYPERPLASIA	1			
Inpatient Hospital			Surgery, Oral & Maxillofacial	MAXILLARY HYPERPLASIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			

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Inpatient Hospital	61107	TWIST DRILL HOLE(S) FOR SUBDURAL, INTRACEREBRAL, OR VENTRICULAR	Surgery, Neurological	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital	62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	Surgery, Neurological	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Neurological	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Neurological	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Family Practice	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Family Practice	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Family Practice	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Family Practice	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			

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Inpatient Hospital	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	Surgery, Colon & Rectal	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	Surgery, Colon & Rectal	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital	57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	Surgery, Colon & Rectal	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	Surgery, Colon & Rectal	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital			Surgery, Colon & Rectal	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP		1	Medical Necessity	
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF CARDIA	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MYOPATHY, UNSPECIFIED	1			
Inpatient Hospital	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC, AORTIC, AND RENAL NODES (SEPARATE PROCEDURE)	Urology	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1			
Inpatient Hospital	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE		1	Medical Necessity	

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Inpatient Hospital	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE		1	Medical Necessity	
Inpatient Hospital	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY LOCAL)	Surgery	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE		1	Medical Necessity	
Inpatient Hospital	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY LOCAL)	Surgery	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE		1	Medical Necessity	
Inpatient Hospital			Surgery	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE		1	Medical Necessity	
Inpatient Hospital	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	Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL		1	Medical Necessity	
Inpatient Hospital	33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUP	Cardiac Electrophysiology	Longstanding persistent atrial fibrillation		1	Medical Necessity	

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Inpatient Hospital			Cardiac Electrophysiology	Longstanding persistent atrial fibrillation		1	Medical Necessity	
Inpatient Hospital	61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSIS (EG, CLOVERLEAF SKULL); RECONTOURING WITH MULTIPLE OSTEOTOMIES AND BONE AUTOGRAFTS (EG, BARREL-STAVE PROCEDURE) (INCLUDES OBTAINING GRAFTS)	Surgery, Neurological	CRANIOSYNOSIS	1			
Inpatient Hospital			Surgery, Neurological	CRANIOSYNOSIS	1			
Inpatient Hospital	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	Otolaryngology	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	1			
Inpatient Hospital	21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS)(EG, FOR HEMIFACIAL MICROSOMIA)	Otolaryngology	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	1			
Inpatient Hospital	61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL, CORTICAL	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	61886	INCISION AND SUBCTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO TWO OR MORE ELECTRODE ARRAYS	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital			Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Pediatric Rehabilitation Medicine	ATAXIA, UNSPECIFIED	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1			
Inpatient Hospital	45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	Surgery, Colon & Rectal	GASTROINTESTINAL STROMAL TUMOR OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	GASTROINTESTINAL STROMAL TUMOR OF RECTUM	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			

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Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital			Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital	J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital	J9260	METHOTREXATE SODIUM MTX 2CC OR 50MG	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital	S0108	MERCAPTOPYRINE, ORAL, 50 MG	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital	61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING MASTOIDECTOMY, DECOMPRESSION OF SIGMOID SINUS AND/OR FACIAL NERVE, WITH OR WITHOUT MOBILIZATION	Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN MAGNUM, OR C1- C3 VERTEBRAL BODIES; INTRADURAL, INCLUDING DURAL REPAIR, WITH OR WITHOUT GRAFT	Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital	95867	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL	Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			

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Inpatient Hospital			Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital			Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1			
Inpatient Hospital	Q2041	AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1			

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Inpatient Hospital			Critical Care Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Critical Care Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Critical Care Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Critical Care Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Critical Care Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital			Critical Care Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1			
Inpatient Hospital	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Pediatrics	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	1			
Inpatient Hospital	99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODE	Pediatrics	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Pediatrics	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	1			

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Inpatient Hospital	99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON THE DATE OF DISCHARGE, IF OTHER THAN THE INITIAL DATE OF INPATIENT STATUS. TO REPORT SERVICES TO A PATIE	Pediatrics	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	1			
Inpatient Hospital			Pediatrics	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	1			
Inpatient Hospital			Pediatrics	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	1			
Inpatient Hospital			Pediatrics	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	1			
Inpatient Hospital			Pediatrics	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	1			
Inpatient Hospital			Pediatrics	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	1			
Inpatient Hospital			Pediatrics	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Internal Medicine	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital			Internal Medicine	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	J9065	INJECTION, CLADRIBINE, PER 1 MG	Internal Medicine	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	J9100	INJECTION, CYTARABINE, 100 MG	Internal Medicine	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital	J9211	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	Internal Medicine	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital			Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF BONE	1			

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Inpatient Hospital			Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital			Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
Inpatient Hospital	35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR,) ARTERY; NECK (EG, CAROTID, SUBCLAVIAN)	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			

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Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
Inpatient Hospital	L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF	Surgery, Orthopedic	SPONDYLOLISTHESIS, CERVICAL REGION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			

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Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1			
Inpatient Hospital	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital			Pediatric Surgery	PECTUS EXCAVATUM		1	Medical Necessity	
Skilled Nursing Facility			Family Practice	ENCEPHALOPATHY, UNSPECIFIED		1	Medical Necessity	
Skilled Nursing Facility			Family Practice	ENCEPHALOPATHY, UNSPECIFIED		1	Medical Necessity	yes

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Skilled Nursing Facility			Family Practice	ENCEPHALOPATHY, UNSPECIFIED		1	Medical Necessity	yes
Skilled Nursing Facility			Family Practice	ENCEPHALOPATHY, UNSPECIFIED		1	Medical Necessity	yes
Skilled Nursing Facility			Family Practice	ENCEPHALOPATHY, UNSPECIFIED	1			
Inpatient Hospital	55845	PROSTATECTOMY, RETROPUBIC RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery	COLOSTOMY STATUS	1			
Inpatient Hospital			Surgery	COLOSTOMY STATUS	1			
Skilled Nursing Facility			Internal Medicine	UNSPECIFIED FRACTURE OF SHAFT OF HUMERUS, LEFT ARM, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY TO L1 LEVEL OF LUMBAR SPINAL CORD, SEQUELA	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY TO L1 LEVEL OF LUMBAR SPINAL CORD, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY TO L1 LEVEL OF LUMBAR SPINAL CORD, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY TO L1 LEVEL OF LUMBAR SPINAL CORD, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY TO L1 LEVEL OF LUMBAR SPINAL CORD, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY TO L1 LEVEL OF LUMBAR SPINAL CORD, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY TO L1 LEVEL OF LUMBAR SPINAL CORD, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY TO L1 LEVEL OF LUMBAR SPINAL CORD, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INJURY TO L1 LEVEL OF LUMBAR SPINAL CORD, SEQUELA		1	Medical Necessity	

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Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			

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Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE SEIZURES OR IDENTIFY VITAL BRAIN STRUCTURES; INITIAL HOUR OF ATTENDANCE BY A PHYSICIAN OR OTHER QUALIFIED HEALTH	Surgery, Neurological	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH BRONCHIAL ALVEOLAR LAVAGE	Surgery, Thoracic Cardiovascular	EMPHYSEMA, UNSPECIFIED	1			
Inpatient Hospital	32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS, (EG, MECHANICAL OR CHEMICAL)	Surgery, Thoracic Cardiovascular	EMPHYSEMA, UNSPECIFIED	1			
Inpatient Hospital	32655	THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION OF BULLAE, INCLUDES ANY PLEURAL PROCEDURE WHEN PERFORMED	Surgery, Thoracic Cardiovascular	EMPHYSEMA, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	EMPHYSEMA, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	EMPHYSEMA, UNSPECIFIED	1			
Inpatient Hospital	54125	AMPUTATION OF PENIS; COMPLETE	Obstetrics & Gynecology	TRANSSEXUALISM	1			

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Inpatient Hospital	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	Obstetrics & Gynecology	TRANSSEXUALISM	1			
Inpatient Hospital	56805	CLITOROPLASTY FOR INTERSEX STATE	Obstetrics & Gynecology	TRANSSEXUALISM	1			
Inpatient Hospital	57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	Obstetrics & Gynecology	TRANSSEXUALISM	1			
Inpatient Hospital			Obstetrics & Gynecology	TRANSSEXUALISM	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			

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Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	49321	LAPAROSCOPY, SURGICAL; WITH BIOSY (SINGLE OR MULTIPLE)	Pediatric Surgery	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	1			
Inpatient Hospital			Pediatric Surgery	UNSPECIFIED OVARIAN CYST, RIGHT SIDE		1	Medical Necessity	

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Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	yes
Inpatient Hospital	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID,	Surgery, Thoracic Cardiovascular	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1			

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Inpatient Hospital	11971	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			

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Inpatient Hospital			Surgery	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	1			
Inpatient Hospital			Surgery	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	1			
Inpatient Hospital	51555	CYSTEATOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)	Urology	MALIGNANT NEOPLASM OF DOME OF BLADDER	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF DOME OF BLADDER	1			
Inpatient Hospital	62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	Surgery, Neurological	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1			
Inpatient Hospital			Surgery, Neurological	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1			
Inpatient Hospital			Surgery, Neurological	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1			
Inpatient Hospital			Surgery, Neurological	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1			
Inpatient Hospital	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Cardiovascular Disease	VENTRICULAR TACHYCARDIA	1			
Inpatient Hospital			Cardiovascular Disease	VENTRICULAR TACHYCARDIA	1			

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Inpatient Hospital	C9482	INJECTION, SOTALOL HYDROCHLORIDE, 1 MG	Cardiovascular Disease	VENTRICULAR TACHYCARDIA	1			
Inpatient Hospital	33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM; WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	Pediatric Thoracic & Cardiovascular Surgery	ATRIAL SEPTAL DEFECT	1			
Inpatient Hospital			Pediatric Thoracic & Cardiovascular Surgery	ATRIAL SEPTAL DEFECT	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	1			
Inpatient Hospital	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	1			
Inpatient Hospital	50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	Urology	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	1			
Inpatient Hospital			Urology	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Surgery	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY, OR DISKECTOMY, (EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION		1	Medical Necessity	

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Inpatient Hospital			Unknown Code	ANKYLOSIS, RIGHT KNEE		1	Medical Necessity	
Inpatient Hospital			Unknown Code	ANKYLOSIS, RIGHT KNEE		1	Medical Necessity	yes
Inpatient Hospital	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Neurological	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital	61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIV	Surgery, Neurological	PARKINSON'S DISEASE	1			
Inpatient Hospital	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIV	Surgery, Neurological	PARKINSON'S DISEASE	1			
Inpatient Hospital			Surgery, Neurological	PARKINSON'S DISEASE	1			
Inpatient Hospital	C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	Surgery, Neurological	PARKINSON'S DISEASE	1			

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Inpatient Hospital	33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PAT CH;	Surgery, Thoracic Cardiovascular	TETRALOGY OF FALLOT	1			
Inpatient Hospital	33684	CLOSURE VENTRICULAR SEPTAL DEFECT; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)	Surgery, Thoracic Cardiovascular	TETRALOGY OF FALLOT	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	TETRALOGY OF FALLOT	1			
Inpatient Hospital	38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHET	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			

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Inpatient Hospital	49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	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	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; EHTMOID REGION	Otolaryngology	Cranial cerebrospinal fluid leak, spontaneous	1			
Inpatient Hospital			Otolaryngology	Cranial cerebrospinal fluid leak, spontaneous	1			
Inpatient Hospital	57280	COLPOPEXY, ABDOMINAL APPROACH	Obstetrics & Gynecology	PELVIC AND PERINEAL PAIN	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	PELVIC AND PERINEAL PAIN	1			
Inpatient Hospital			Obstetrics & Gynecology	PELVIC AND PERINEAL PAIN	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery	ILEOSTOMY STATUS	1			

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Inpatient Hospital			Surgery	ILEOSTOMY STATUS	1			
Inpatient Hospital			Surgery	ILEOSTOMY STATUS	1			
Inpatient Hospital			Surgery	ILEOSTOMY STATUS	1			
Inpatient Hospital			Surgery, Orthopedic	OSTEONECROSIS, UNSPECIFIED	1			
Inpatient Hospital	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Oncology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF SIGMOID COLON	1			

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Inpatient Hospital	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital	61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINENCTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT DURAL GRAFT (EG, ARNOLD-CHIARI MALFORMATION)	Surgery, Neurological	COMPRESSION OF BRAIN	1			
Inpatient Hospital			Surgery, Neurological	COMPRESSION OF BRAIN	1			
Inpatient Hospital	61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	Surgery, Neurological	TRIGEMINAL NEURALGIA	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	TRIGEMINAL NEURALGIA	1			
Inpatient Hospital	62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	Surgery, Neurological	TRIGEMINAL NEURALGIA	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	TRIGEMINAL NEURALGIA	1			
Inpatient Hospital			Surgery, Neurological	TRIGEMINAL NEURALGIA	1			
Inpatient Hospital	36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY, INCLUDING ARTERIAL PUNCTURE AND CATHETER PLACEMENT(S), FLUOROSCOPY, CONTRAST INJECTION(S), IMAGE POSTPROCESSING, PERMANENT RECORDING OF	Surgery, General Vascular	OCCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital	37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, OPEN OR PERCUTANEOUS, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; WITH DISTAL EMBOLIC PROTECTION	Surgery, General Vascular	OCCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			
Inpatient Hospital			Surgery, General Vascular	OCCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1			

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Inpatient Hospital	33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUP	Cardiac Electrophysiology	PAROXYSMAL ATRIAL FIBRILLATION	1			
Inpatient Hospital			Cardiac Electrophysiology	PAROXYSMAL ATRIAL FIBRILLATION	1			
Inpatient Hospital	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	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	Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			

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Inpatient Hospital			Pediatric Neurology	UNSPECIFIED CONVULSIONS	1			
Inpatient Hospital			Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1			
Inpatient Hospital			Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1			
Inpatient Hospital	33406	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (FREEHAND)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital			Surgery	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	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	Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Pediatric Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			

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Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	1			
Inpatient Hospital	33418	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSEPTAL PUNCTURE WHEN PERFORMED; INITIAL PROSTHESIS	Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Oncology, Gynecologic	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1			

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Inpatient Hospital			Oncology, Gynecologic	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1			
Inpatient Hospital	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital			Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1			
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	

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Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	BENIGN NEOPLASM OF CECUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF CECUM	1			
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			

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On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
On Campus - Outpatient Hospital			General Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1			
Skilled Nursing Facility			Internal Medicine	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	1			
Skilled Nursing Facility			Internal Medicine	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	1			
Skilled Nursing Facility			Internal Medicine	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurologic al	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			

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Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS.	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	95868	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; BILATERAL	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB (AXIAL) MUSCLES (UNILATERAL OR BILATERAL), OTHER THAN THORACIC PARASPINAL, CRANIAL NERVE SUPPLIED MUSCLES, OR SPHINCTERS	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			
Inpatient Hospital	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	Surgery, Neurological	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION	1			

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Skilled Nursing Facility			Internal Medicine	STRAIN OF UNSPECIFIED QUADRICEPS MUSCLE, FASCIA AND TENDON, INITIAL ENCOUNTER	1			
Skilled Nursing Facility			Internal Medicine	STRAIN OF UNSPECIFIED QUADRICEPS MUSCLE, FASCIA AND TENDON, INITIAL ENCOUNTER	1			
Skilled Nursing Facility			Internal Medicine	STRAIN OF UNSPECIFIED QUADRICEPS MUSCLE, FASCIA AND TENDON, INITIAL ENCOUNTER	1			
Skilled Nursing Facility			Internal Medicine	STRAIN OF UNSPECIFIED QUADRICEPS MUSCLE, FASCIA AND TENDON, INITIAL ENCOUNTER		1	Medical Necessity	
Inpatient Hospital	37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, OPEN OR PERCUTANEOUS, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; WITH DISTAL EMBOLIC PROTECTION	Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital			Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital	33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			

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On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
Inpatient Hospital			Internal Medicine	PNEUMOTHORAX, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	PNEUMOTHORAX, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	PNEUMOTHORAX, UNSPECIFIED	1			
Inpatient Hospital	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSSEN, TOUPET PROCEDURES)	Surgery	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital			Surgery	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital			Surgery	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital			Surgery	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital			Surgery	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE		1		
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE		1		
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1			

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Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	yes
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	yes
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	yes
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	yes
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	yes

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Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	yes
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	yes

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Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED		1	Medical Necessity	yes
Inpatient Hospital	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN,INTERNAL MAMMARY NODE((SEPARATE PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	64421	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; INTERCOSTAL NERVE, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			

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Inpatient Hospital	22830	EXPLORATION OF SPINAL FUSION	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	22849	REINSERTION OF SPINAL FIXATION DEVICE	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1			
Inpatient Hospital	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital	19368	BREAST RECONSTRUCTION; WITH SINGLE-PEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP, REQUIRING SEPARATE MICROVASCULAR ANASTOMOSIS (SUPERCHARGING)	Surgery, Plastic	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Surgery, Plastic	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, INTRAVENTRICULAR	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, INTRAVENTRICULAR	1			

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Inpatient Hospital	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	Pediatric Surgery	PECTUS EXCAVATUM		1	Medical Necessity	
Inpatient Hospital	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	Pediatric Surgery	PECTUS EXCAVATUM		1	Medical Necessity	yes
Inpatient Hospital			Pediatric Surgery	PECTUS EXCAVATUM		1	Medical Necessity	
Inpatient Hospital			Pediatric Surgery	PECTUS EXCAVATUM		1	Medical Necessity	yes
Inpatient Hospital			Physical Medicine & Rehabilitation	ATTENTION AND CONCENTRATION DEFICIT FOLLOWING CEREBRAL INFARCTION		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	ATTENTION AND CONCENTRATION DEFICIT FOLLOWING CEREBRAL INFARCTION		1	Medical Necessity	yes
Inpatient Hospital			Physical Medicine & Rehabilitation	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital	50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	Urology	CROSSING VESSEL AND STRICTURE OF URETER WITHOUT HYDRONEPHROSIS	1			
Inpatient Hospital	50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	Urology	CROSSING VESSEL AND STRICTURE OF URETER WITHOUT HYDRONEPHROSIS	1			
Inpatient Hospital			Urology	CROSSING VESSEL AND STRICTURE OF URETER WITHOUT HYDRONEPHROSIS	1			
Inpatient Hospital	33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	Surgery, Thoracic	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1			

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Inpatient Hospital			Surgery, Thoracic	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	yes

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
Inpatient Hospital	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 SEGMENT, CERVICAL, THORACIC OR LUMB	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1			
Inpatient Hospital	51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING ANY SEGMENT OF SMALL AND/OR LARGE INTESTINE TO CONSTRUCT NEOBLADDER	Urology	OTHER CYSTITIS WITHOUT HEMATURIA	1			
Inpatient Hospital			Urology	OTHER CYSTITIS WITHOUT HEMATURIA	1			
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1			

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Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1			
Skilled Nursing Facility			Geriatric Medicine/Family Practice	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	1			
Skilled Nursing Facility			Geriatric Medicine/Family Practice	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	1			
Skilled Nursing Facility			Geriatric Medicine/Family Practice	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	1			
Inpatient Hospital	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	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	Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Pediatric Neurology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Inpatient Hospital			Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			

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Inpatient Hospital			Surgery, Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1			
Skilled Nursing Facility			Internal Medicine	GANGRENE, NOT ELSEWHERE CLASSIFIED	1			
Skilled Nursing Facility			Internal Medicine	GANGRENE, NOT ELSEWHERE CLASSIFIED	1			
Skilled Nursing Facility			Internal Medicine	GANGRENE, NOT ELSEWHERE CLASSIFIED	1			
Skilled Nursing Facility			Internal Medicine	OTHER SEIZURES	1			
Skilled Nursing Facility			Internal Medicine	OTHER SEIZURES		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	GUILLAIN-BARRE SYNDROME	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	GUILLAIN-BARRE SYNDROME	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	GUILLAIN-BARRE SYNDROME	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	GUILLAIN-BARRE SYNDROME	1			

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Inpatient Hospital	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)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	1			

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Inpatient Hospital			Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	1			
Inpatient Hospital	J1200	INJECTION, DIPHENHYDRAMINE HCl, UP TO 50 MG	Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	1			
Inpatient Hospital	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	1			
Inpatient Hospital	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	1			
Inpatient Hospital	Q0164	PROCHLORPERAZINE MALEATE, 5MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC	Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE	1			
Inpatient Hospital	61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL APPROACH, NONSTEREOTACTIC	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital			Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1			
Inpatient Hospital	44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	Surgery	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital			Surgery	UNSPECIFIED ABDOMINAL PAIN	1			
Inpatient Hospital	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital	27076	RADICAL RESECTION OF TUMOR; ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISCHIUM AND ACETABULUM	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital			Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital			Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital			Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1			
Inpatient Hospital	C9358	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, FETAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX), PER 0.5 SQ CM	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE		1	Medical Necessity	
Inpatient Hospital	Q4130	STRATTICE TM, PER SQUARE CENTIMETER	Surgery, Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE		1	Medical Necessity	

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Inpatient Hospital	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neurology	FEVER, UNSPECIFIED	1			
Inpatient Hospital	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	Neurology	FEVER, UNSPECIFIED	1			
Inpatient Hospital	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	Neurology	FEVER, UNSPECIFIED	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Neurology	FEVER, UNSPECIFIED	1			
Inpatient Hospital			Neurology	FEVER, UNSPECIFIED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	23405	TENOMYOTOMY, SHOULDER AREA; SINGLE TENDON	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			

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Inpatient Hospital	35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR,) ARTERY; NECK (EG, CAROTID, SUBCLAVIAN)	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	

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Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Administrative	
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION		1	Administrative	
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION, UNSPECIFIED	1			
Inpatient Hospital	55845	PROSTATECTOMY, RETROPUBIC RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Oncology, Gynecologic	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			

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Inpatient Hospital			Oncology, Gynecologic	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital			Internal Medicine	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	43632	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTROJEJUNOSTOMY	Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding		1	Medical Necessity	
Inpatient Hospital			Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding		1	Medical Necessity	
On Campus - Outpatient Hospital			Psychiatry	OTHER SPECIFIED EATING DISORDER	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1			
Inpatient Hospital	33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			

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Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital	S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Colon & Rectal	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	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	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			

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Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital			Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	49204	EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0	Surgery, Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF AORTIC BODY AND OTHER PARAGANGLIA	1			
Inpatient Hospital			Surgery, Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF AORTIC BODY AND OTHER PARAGANGLIA	1			
Inpatient Hospital			Surgery, Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF AORTIC BODY AND OTHER PARAGANGLIA	1			
Inpatient Hospital			Surgery, Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF AORTIC BODY AND OTHER PARAGANGLIA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPECIFIED DISORDERS OF BRAIN	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPECIFIED DISORDERS OF BRAIN	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPECIFIED DISORDERS OF BRAIN	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER SPECIFIED DISORDERS OF BRAIN	1			
Inpatient Hospital	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	UNSPECIFIED COMPLICATION OF INTERNAL ORTHOPEDIC PROSTHETIC DEVICE, IMPLANT AND GRAFT, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	UNSPECIFIED COMPLICATION OF INTERNAL ORTHOPEDIC PROSTHETIC DEVICE, IMPLANT AND GRAFT, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	UNSPECIFIED COMPLICATION OF INTERNAL ORTHOPEDIC PROSTHETIC DEVICE, IMPLANT AND GRAFT, INITIAL ENCOUNTER	1			
Inpatient Hospital	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	Surgery	TRANSSEXUALISM	1			
Inpatient Hospital	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	Surgery	TRANSSEXUALISM	1			

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Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery	TRANSSEXUALISM	1			
Inpatient Hospital	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	TRANSSEXUALISM	1			
Inpatient Hospital	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	Surgery	TRANSSEXUALISM	1			
Inpatient Hospital	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 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	TRANSSEXUALISM	1			
Inpatient Hospital	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA O	Surgery	TRANSSEXUALISM	1			
Inpatient Hospital	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART TH	Surgery	TRANSSEXUALISM	1			
Inpatient Hospital	15750	GRAFT; NEUROVASCULAR PEDICLE FLAP	Surgery	TRANSSEXUALISM		1	Medical Necessity	
Inpatient Hospital	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	Surgery	TRANSSEXUALISM	1			
Inpatient Hospital	54125	AMPUTATION OF PENIS; COMPLETE	Surgery	TRANSSEXUALISM	1			
Inpatient Hospital	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	Surgery	TRANSSEXUALISM	1			
Inpatient Hospital	56805	CLITOROPLASTY FOR INTERSEX STATE	Surgery	TRANSSEXUALISM	1			
Inpatient Hospital	57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	Surgery	TRANSSEXUALISM	1			

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Inpatient Hospital			Surgery	TRANSSEXUALISM	1			
Inpatient Hospital			Internal Medicine	ACUTE KIDNEY FAILURE, UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
Inpatient Hospital			Surgery	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1			
Inpatient Hospital	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID,	Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital			Surgery, General Vascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	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)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			

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Inpatient Hospital	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1			
Inpatient Hospital	33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			

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Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAGING GUIDANCE	Surgery, General Vascular	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	Surgery, General Vascular	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital			Surgery, General Vascular	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital			Surgery, General Vascular	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital			Surgery, General Vascular	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	19328	REMOVAL OF INTACT BREAST IMPLANT	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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Inpatient Hospital			Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	Cardiology	UNSPECIFIED ATRIAL FIBRILLATION	1			
Inpatient Hospital	96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	Cardiology	UNSPECIFIED ATRIAL FIBRILLATION	1			
Inpatient Hospital			Cardiology	UNSPECIFIED ATRIAL FIBRILLATION	1			
Inpatient Hospital			Cardiology	UNSPECIFIED ATRIAL FIBRILLATION	1			
Inpatient Hospital	59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE , CESAREAN DELIVERY, AND POSTPARTUM CARE	Obstetrics & Gynecology	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
Inpatient Hospital			Obstetrics & Gynecology	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER INCOMPLETE LESION AT C4 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER INCOMPLETE LESION AT C4 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	OTHER INCOMPLETE LESION AT C4 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			

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Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	FOOT DROP, LEFT FOOT		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	FOOT DROP, LEFT FOOT		1	Medical Necessity	
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	FOOT DROP, LEFT FOOT		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	FOOT DROP, LEFT FOOT		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	FOOT DROP, LEFT FOOT		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	FOOT DROP, LEFT FOOT		1	Medical Necessity	
Inpatient Hospital	43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			

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Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
Inpatient Hospital	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
Inpatient Hospital	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			

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Inpatient Hospital			Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
On Campus - Outpatient Hospital			Psychiatry	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			

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Inpatient Hospital	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)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22855	REMOVAL OF ANTERIOR INSTRUMENTATION (EG, DWYER DEVICE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital			Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			

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Inpatient Hospital	J1200	INJECTION, DIPHENHYDRAMINE HCl, UP TO 50 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J2060	INJECTION, LORAZEPAM, 2 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9045	INJECTION, CARBOPLATIN, 50 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9181	INJECTION, ETOPOSIDE, 10 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Hematology/Oncology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MYOSITIS, UNSPECIFIED	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	MYOSITIS, UNSPECIFIED	1			
Inpatient Hospital	43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1			
Inpatient Hospital			Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1			
Inpatient Hospital			Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1			
Inpatient Hospital			Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1			
Inpatient Hospital			Hematology/Oncology	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital	11971	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO C CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			

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Inpatient Hospital	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	21600	EXCISION OF RIB, PARTIAL	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER EXTREMITY (EG, COMMON FEMORAL, DEEP FEMORAL, SUPERFICIAL FEMORAL, POPLI TEAL, TIBIAL, PERONEAL	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital			Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	52068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1			
Inpatient Hospital	43631	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTRODUODENOSTOMY	Surgery	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	1			

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Inpatient Hospital	43632	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTROJEJUNOSTOMY	Surgery	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	1			
Inpatient Hospital			Surgery	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	1			
Inpatient Hospital	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	Surgery, Neurological	CEREBRAL ANEURYSM, NONRUPTURED	1			
Inpatient Hospital			Surgery, Neurological	CEREBRAL ANEURYSM, NONRUPTURED	1			
Inpatient Hospital			Surgery, Thoracic	OTHER CHEST PAIN	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital			Family Practice	COVID-19	1			
Inpatient Hospital			Family Practice	COVID-19		1	Medical Necessity	
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	Surgery	MALIGNANT NEOPLASM OF RECTUM	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF RECTUM	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	MULTIPLE FRACTURES OF RIBS, UNSPECIFIED SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	MULTIPLE FRACTURES OF RIBS, UNSPECIFIED SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22830	EXPLORATION OF SPINAL FUSION	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	BENIGN NEOPLASM OF ASCENDING COLON	1			
Inpatient Hospital	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery, Colon & Rectal	BENIGN NEOPLASM OF ASCENDING COLON	1			
Inpatient Hospital	49905	OMENTAL FLAP, INTRA-ABDONINAL	Surgery, Colon & Rectal	BENIGN NEOPLASM OF ASCENDING COLON	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF ASCENDING COLON	1			
Inpatient Hospital	21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	Surgery, Thoracic Cardiovascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	BRACHIAL PLEXUS DISORDERS	1			
Inpatient Hospital	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COO	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			

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Inpatient Hospital			Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9070	CYCLOPHOSPHAMIDE, 100 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9120	INJECTION, DACTINOMYCIN, 0.5 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9209	INJECTION, MESNA, 200 MG	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Pediatric Hematology-Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CRITICAL ILLNESS MYOPATHY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CRITICAL ILLNESS MYOPATHY	1			

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Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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 SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1			

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Inpatient Hospital	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Surgery, Neurological	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Surgery, Neurological	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital	61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR;	Surgery, Neurological	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital	61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR;	Surgery, Neurological	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital	69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	Surgery, Neurological	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital	69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	Surgery, Neurological	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SENSORINEURAL HEARING LOSS, BILATERAL	1			
Inpatient Hospital			Surgery, Neurological	SENSORINEURAL HEARING LOSS, BILATERAL	1			

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Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	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	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	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	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			

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Inpatient Hospital			Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	BREAKDOWN (MECHANICAL) OF INTERNAL FIXATION DEVICE OF VERTEBRAE, INITIAL ENCOUNTER	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	BREAKDOWN (MECHANICAL) OF INTERNAL FIXATION DEVICE OF VERTEBRAE, INITIAL ENCOUNTER	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	BREAKDOWN (MECHANICAL) OF INTERNAL FIXATION DEVICE OF VERTEBRAE, INITIAL ENCOUNTER	1			
Inpatient Hospital	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	Surgery, Orthopedic	BREAKDOWN (MECHANICAL) OF INTERNAL FIXATION DEVICE OF VERTEBRAE, INITIAL ENCOUNTER	1			
Inpatient Hospital			Surgery, Orthopedic	BREAKDOWN (MECHANICAL) OF INTERNAL FIXATION DEVICE OF VERTEBRAE, INITIAL ENCOUNTER	1			
Inpatient Hospital	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1			
Inpatient Hospital			Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1			
On Campus - Outpatient Hospital			Psychiatry	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE		1		

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On Campus - Outpatient Hospital			Psychiatry	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF PROSTATE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	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)	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED		1	Medical Necessity	yes

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Inpatient Hospital	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)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
Inpatient Hospital	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
Inpatient Hospital	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED		1	Medical Necessity	yes
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			

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Inpatient Hospital	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
Inpatient Hospital			Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1			
Skilled Nursing Facility			Internal Medicine	WEAKNESS	1			
Inpatient Hospital	44210	LAPAROSCOPY, SURGICAL;COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Colon & Rectal	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1			
Inpatient Hospital			Surgery, Oncology	PNEUMONIA, UNSPECIFIED ORGANISM	1			
Inpatient Hospital	61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	Surgery, Neurological	TRIGEMINAL NEURALGIA	1			
Inpatient Hospital	61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	Surgery, Neurological	TRIGEMINAL NEURALGIA	1			
Inpatient Hospital	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	TRIGEMINAL NEURALGIA	1			
Inpatient Hospital			Surgery, Neurological	TRIGEMINAL NEURALGIA	1			

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Inpatient Hospital			Surgery, Neurological	TRIGEMINAL NEURALGIA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE EXTREMITIES WITH GANGRENE, LEFT LEG	1			
Inpatient Hospital			Pulmonary Disease	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	1			
Inpatient Hospital			Pulmonary Disease	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
Inpatient Hospital			Pulmonary Disease	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1			
Inpatient Hospital	33859	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, WHEN PERFORMED; FOR AORTIC DISEASE OTHER THAN DISSECTION (EG, ANEURYSM)	Surgery, Thoracic	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	1			
Inpatient Hospital	33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION AND VALVE-SPARING AORTIC ROOT REMODELING (EG, DAVID PROCEDURE, YACOUB PROCEDURE)	Surgery, Thoracic	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	1			
Inpatient Hospital	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOLATION AND CONTROL OF THE ARCH VESSELS, BEVELED OPEN DISTAL AORTIC ANASTOMOSIS EXTENDING UNDER ONE OR MORE OF THE ARCH VESSELS, AND TOTALCIRCULATORY ARREST OR ISOLATED CEREBRAL PERFUSION (LIST SEPARATELY IN ADDITION TO	Surgery, Thoracic	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	1			
Inpatient Hospital			Surgery, Thoracic	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL ISCHEMIA	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1			
Inpatient Hospital	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Sports Medicine	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Sports Medicine	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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)	Sports Medicine	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Sports Medicine	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	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	Sports Medicine	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital			Sports Medicine	SPINAL STENOSIS, CERVICAL REGION	1			
Inpatient Hospital	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			

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Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Skilled Nursing Facility			Internal Medicine	OTHER FRACTURE OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Skilled Nursing Facility			Internal Medicine	OTHER FRACTURE OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Skilled Nursing Facility			Internal Medicine	OTHER FRACTURE OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Skilled Nursing Facility			Internal Medicine	OTHER FRACTURE OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Skilled Nursing Facility			Internal Medicine	OTHER FRACTURE OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING		1	Medical Necessity	
Inpatient Hospital	33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION WITH OR WITHOUT RING	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital	33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY	1			
Inpatient Hospital	22633	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; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	

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Inpatient Hospital	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	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION		1	Medical Necessity	
Inpatient Hospital			Psychiatry	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION		1	Medical Necessity	

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Inpatient Hospital	50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	Surgery	POLYARTERITIS NODOSA	1			
Inpatient Hospital			Surgery	POLYARTERITIS NODOSA	1			
Inpatient Hospital			Surgery	POLYARTERITIS NODOSA	1			
Inpatient Hospital	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	95720	ELECTROENCEPHALOGRAPH (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	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital			Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1			
Inpatient Hospital	20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLAN E), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV, MONTICELLI TYP E)	Surgery	CRANIOSYNOSTOSIS	1			

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Inpatient Hospital	61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSIS (EG, CLOVERLEAF SKULL); RECONTOURING WITH MULTIPLE OSTEOTOMIES AND BONE AUTOGRAFTS (EG, BARREL-STAVE PROCEDURE) (INCLUDES OBTAINING GRAFTS)	Surgery	CRANIOSYNOSTOSIS	1			
Inpatient Hospital			Surgery	CRANIOSYNOSTOSIS	1			
Inpatient Hospital	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital			Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1			
Inpatient Hospital	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery, Colon & Rectal	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION, AND ANUS	1			
Inpatient Hospital			Surgery, Colon & Rectal	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION, AND ANUS	1			
Inpatient Hospital	51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	Urology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	1			
Inpatient Hospital			Urology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	1			
Inpatient Hospital	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	1			
Inpatient Hospital			Urology	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	1			
Inpatient Hospital			Urology	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	LOW BACK PAIN	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	LOW BACK PAIN	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Orthopedic	LOW BACK PAIN	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	LOW BACK PAIN	1			
Inpatient Hospital	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	Surgery, Orthopedic	LOW BACK PAIN	1			
Inpatient Hospital	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	Surgery, Orthopedic	LOW BACK PAIN	1			
Inpatient Hospital			Surgery, Orthopedic	LOW BACK PAIN	1			
Inpatient Hospital			Surgery, Orthopedic	LOW BACK PAIN	1			
Inpatient Hospital			Internal Medicine	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1			
Inpatient Hospital	60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTION	Surgery	MALIGNANT NEOPLASM OF THYROID GLAND	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF THYROID GLAND	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	DISPLACED INTERTROCHANTERIC FRACTURE OF UNSPECIFIED FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1			
Inpatient Hospital	37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S) FOR OCCLUSIVE DISEASE, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPE	Surgery, Thoracic	ATHEROSCLEROSIS OF OTHER ARTERIES	1			
Inpatient Hospital	75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY; SUPERVISION AND INTERPRETATION ONLY	Surgery, Thoracic	ATHEROSCLEROSIS OF OTHER ARTERIES	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROSIS OF OTHER ARTERIES	1			
Inpatient Hospital	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			

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Inpatient Hospital	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital			Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital	J9261	INJECTION, NELARABINE, 50 MG	Pediatric Hematology-Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1			
Inpatient Hospital	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery, Head & Neck	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital			Surgery, Head & Neck	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			
Inpatient Hospital			Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1			

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Inpatient Hospital	21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION (S))	Surgery, Oral & Macillofacial	OTHER SPECIFIED DISEASES OF JAWS	1			
Inpatient Hospital	21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS)(EG, FOR HEMIFACIAL MICROSOMIA)	Surgery, Oral & Macillofacial	OTHER SPECIFIED DISEASES OF JAWS	1			
Inpatient Hospital	31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	Surgery, Oral & Macillofacial	OTHER SPECIFIED DISEASES OF JAWS	1			
Inpatient Hospital	75894	TRANSCATHETER THERAPY, EMBOLIZATION (EG, PARTICULATE OR LIQUID), INCLUDING ANGIOGRAPHY; SUPERVISION AND INTERPRETATION ONLY	Surgery, Oral & Macillofacial	OTHER SPECIFIED DISEASES OF JAWS	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	OTHER SPECIFIED DISEASES OF JAWS	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	OTHER SPECIFIED DISEASES OF JAWS	1			
Inpatient Hospital			Surgery, Oral & Macillofacial	OTHER SPECIFIED DISEASES OF JAWS	1			
Inpatient Hospital	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery, Colon & Rectal	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			
Inpatient Hospital			Surgery, Colon & Rectal	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1			

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Inpatient Hospital	61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINENCTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT DURAL GRAFT (EG, ARNOLD-CHIARI MALFORMATION)	Surgery, Neurological	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	1			
Inpatient Hospital			Surgery, Neurological	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	1			
Inpatient Hospital			Pediatrics	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	1			
Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Urology	URINARY TRACT INFECTION, SITE NOT SPECIFIED	1			
Inpatient Hospital	55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	Urology	URINARY TRACT INFECTION, SITE NOT SPECIFIED	1			
Inpatient Hospital			Urology	URINARY TRACT INFECTION, SITE NOT SPECIFIED	1			
Inpatient Hospital			Urology	URINARY TRACT INFECTION, SITE NOT SPECIFIED	1			
Inpatient Hospital	31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELESCOPE	Otolaryngology	MALIGNANT NEOPLASM OF BASE OF TONGUE	1			
Inpatient Hospital	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Otolaryngology	MALIGNANT NEOPLASM OF BASE OF TONGUE	1			
Inpatient Hospital	35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR,) ARTERY; NECK (EG, CAROTID, SUBCLAVIAN)	Otolaryngology	MALIGNANT NEOPLASM OF BASE OF TONGUE	1			
Inpatient Hospital	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology	MALIGNANT NEOPLASM OF BASE OF TONGUE	1			
Inpatient Hospital	42890	LIMITED PHARYNGECTOMY	Otolaryngology	MALIGNANT NEOPLASM OF BASE OF TONGUE	1			
Inpatient Hospital	43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)	Otolaryngology	MALIGNANT NEOPLASM OF BASE OF TONGUE	1			
Inpatient Hospital			Otolaryngology	MALIGNANT NEOPLASM OF BASE OF TONGUE	1			
Inpatient Hospital			Internal Medicine	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA		1	Medical Necessity	
Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	PERFORATION OF INTESTINE (NONTRAUMATIC)	1			
Inpatient Hospital	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	Neurology	ANEURYSM OF UNSPECIFIED SITE	1			
Inpatient Hospital	75894	TRANSCATHETER THERAPY, EMBOLIZATION (EG, PARTICULATE OR LIQUID), INCLUDING ANGIOGRAPHY; SUPERVISION AND INTERPRETATION ONLY	Neurology	ANEURYSM OF UNSPECIFIED SITE	1			
Inpatient Hospital			Neurology	ANEURYSM OF UNSPECIFIED SITE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital	19300	MASTECTOMY FOR GYNECOMASTIA	Surgery	HYPERTROPHY OF BREAST		1	Medical Necessity	
Inpatient Hospital			Surgery	HYPERTROPHY OF BREAST		1	Medical Necessity	
Inpatient Hospital			Oncology, Gynecologic	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1			

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Inpatient Hospital			Physical Medicine & Rehabilitation	PNEUMONIA, UNSPECIFIED ORGANISM	1			
Inpatient Hospital	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	Oncology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital	47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	Oncology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital	47600	CHOLECYSTECTOMY;	Oncology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital	50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMPHADENECTOMY	Oncology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Oncology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1			
Skilled Nursing Facility			Internal Medicine	UNSPECIFIED FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Skilled Nursing Facility			Internal Medicine	UNSPECIFIED FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Skilled Nursing Facility			Internal Medicine	UNSPECIFIED FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			

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Skilled Nursing Facility			Internal Medicine	UNSPECIFIED FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Skilled Nursing Facility			Internal Medicine	UNSPECIFIED FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1			
Inpatient Hospital			Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE		1	Medical Necessity	
Inpatient Hospital			Internal Medicine	UNSPECIFIED FOCAL TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	UNSPECIFIED FOCAL TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1			
Inpatient Hospital			Internal Medicine	UNSPECIFIED FOCAL TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER		1	Medical Necessity	

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Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
Inpatient Hospital			Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
Inpatient Hospital			Physical Medicine & Rehabilitation	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1			
Inpatient Hospital	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	Surgery	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING INTESTINE ANASTOMOSIS;	Surgery	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	Surgery	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Surgery	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	Surgery	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital			Surgery	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1			
Inpatient Hospital	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1			
Inpatient Hospital			Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP		1	Medical Necessity	
Inpatient Hospital	49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS	Oncology	MALIGNANT NEOPLASM OF APPENDIX	1			
Inpatient Hospital	96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INTRAPERITONEAL PORT OR CATHETER	Oncology	MALIGNANT NEOPLASM OF APPENDIX	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF APPENDIX	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF APPENDIX	1			

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Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF APPENDIX	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF APPENDIX	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF APPENDIX	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF APPENDIX	1			
Inpatient Hospital			Oncology	MALIGNANT NEOPLASM OF APPENDIX	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION		1	Medical Necessity	
Inpatient Hospital	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	Surgery, Thoracic	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1			
Inpatient Hospital			Surgery, Thoracic	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1			
Inpatient Hospital	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery, Colon & Rectal	CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL OBSTRUCTION	1			

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Inpatient Hospital	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Surgery, Colon & Rectal	CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL OBSTRUCTION	1			
Inpatient Hospital			Surgery, Colon & Rectal	CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL OBSTRUCTION	1			
Inpatient Hospital	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)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22633	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; LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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; EACH ADDITIONAL INTERSP	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes

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Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	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	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION		1	Medical Necessity	yes
Inpatient Hospital			Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			

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Inpatient Hospital	33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Skilled Nursing Facility			Internal Medicine	CELLULITIS OF ABDOMINAL WALL	1			
Inpatient Hospital	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
Inpatient Hospital			Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1			
Inpatient Hospital	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			

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Inpatient Hospital	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS.	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION		1	Medical Necessity	
Inpatient Hospital	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1			
Inpatient Hospital	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			

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Inpatient Hospital	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	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	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital			Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1			
Inpatient Hospital	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	1			
Inpatient Hospital			Obstetrics & Gynecology	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	1			
Inpatient Hospital	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital	33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			

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Inpatient Hospital	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Inpatient Hospital			Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1			
Skilled Nursing Facility			Family Practice	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS	1			
Skilled Nursing Facility			Family Practice	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS	1			
Skilled Nursing Facility			Family Practice	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS	1			
Skilled Nursing Facility			Family Practice	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS	1			
Inpatient Hospital	50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	Urology	OTHER FEMALE URINARY-GENITAL TRACT FISTULAE	1			
Inpatient Hospital	50949	UNLISTED LAPAROSCOPIC PROCEDURE, URETER	Urology	OTHER FEMALE URINARY-GENITAL TRACT FISTULAE	1			
Inpatient Hospital	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Urology	OTHER FEMALE URINARY-GENITAL TRACT FISTULAE	1			
Inpatient Hospital			Urology	OTHER FEMALE URINARY-GENITAL TRACT FISTULAE	1			
Inpatient Hospital			Urology	OTHER FEMALE URINARY-GENITAL TRACT FISTULAE	1			
Inpatient Hospital			Psychiatry, Child & Adolescent	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1			
Inpatient Hospital	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	Pediatric Surgery	PECTUS EXCAVATUM	1			

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Inpatient Hospital	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital	64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital	64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital	64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital			Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital			Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital			Pediatric Surgery	PECTUS EXCAVATUM	1			
Inpatient Hospital	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	Obstetrics & Gynecology	LOWER ABDOMINAL PAIN, UNSPECIFIED	1			
Inpatient Hospital	49204	EXC/DESTRUCTION OPEN ABDOMNL TUMORS 5.1-10.0	Obstetrics & Gynecology	LOWER ABDOMINAL PAIN, UNSPECIFIED	1			
Inpatient Hospital			Obstetrics & Gynecology	LOWER ABDOMINAL PAIN, UNSPECIFIED	1			