

Aetna Life Insurance Company HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2021 to 06/30/2021

Inpatient Medical and Non-Medical Approvals and Denials			Ambulatory Medical and Non-Medical Approvals and Denials		
Top 10 Provider/Facility Types		Total	Top 10 Provider/Facility Types		Total
	Acute Short Term Hospital	224		Applied Behavioral Analysis	31
	Internal Medicine	170		Acute Short Term Hospital	15
	Family Practice	61		Psychiatry	8
	Surgery	31		Otolaryngology	7
	Psychiatry	28		Ambulatory Surgicenter	6
	Pediatrics	23		Surgery, General Vascular	5
	General Practice	16		Family Practice	4
	Emergency Medicine	11		Internal Medicine	4
	Obstetrics & Gynecology	11		Physical Therapist	4
	Surgery, Neurological	10		General Practice	3
Procedure Code	Top 10 Procedure Codes and Descriptions	Total	Procedure Code	Top 10 Procedure Codes and Descriptions	Total
	Procedure Code Description			Procedure Code Description	
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	16
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)	2	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	11
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	8
95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRE	2	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	7

20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	7
21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	1	19318	BREAST REDUCTION	5
21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	5
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	5
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	1	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	5
27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	1	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	5
Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total	Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total
	Diagnosis Code Description			Diagnosis Code Description	
U07.1	COVID-19	44	F84.0	AUTISTIC DISORDER	32
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	26	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	7
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	16	J32.0	CHRONIC MAXILLARY SINUSITIS	7
R07.9	CHEST PAIN, UNSPECIFIED	15	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	6
A41.9	SEPSIS, UNSPECIFIED ORGANISM	12	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	6
N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	12	N62	HYPERTROPHY OF BREAST	4
R10.9	UNSPECIFIED ABDOMINAL PAIN	12	F12.20	CANNABIS DEPENDENCE, UNCOMPLICATED	3
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	11	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	3
R50.9	FEVER, UNSPECIFIED	10	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	3
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	9	J32.4	CHRONIC PANSINUSITIS	3
	Top 10 Denial Reasons	Total		Top 10 Denial Reasons	Total
	No Clinical Info Denial	52		Network Adequacy Denial: No Out of Network Benefits	6

Other Coverage Primary/COB (ND01)	23		Behavioral Health Applied Behavioral Analyst (ABA) - Treatment Hours	3
Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	11		Plan exclusion (ND15)	2
Viral illness (for COVID-19) - Coverage for the requested admission is denied - member does not meet criteria	7		Investigational/Experimental	2
Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	6		Breast Reduction: Breast Tissue Surface Area	1
Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	6		Not a Covered Service	1
Hypertension - Coverage for the requested admission is denied - member does not meet criteria	5		Cosmetic Surgery	1
Neurological - Coverage for the requested admission is denied - member does not meet criteria	4		Transition of Care - Treatment Not Started Prior To Effective Date (Non-Participating Provider)	1
Diverticulitis - Coverage for the requested admission is denied - member does not meet criteria	4		No Clinical Info Denial	1
IP Rehab Adm Denial - Coverage for the requested admission is denied - member does not meet criteria	3		Varicose Veins-Ultrasound or Radiologic Guidance	1

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2021 to 06/30/2021

Inpatient Medical and Non-Medical Approvals and Denials			Ambulatory Medical and Non-Medical Approvals and Denials		
Top 10 Provider/Facility Types		Total	Top 10 Provider/Facility Types		Total
	Acute Short Term Hospital	1061		Applied Behavioral Analysis	83
	Internal Medicine	673		Acute Short Term Hospital	76
	Psychiatry	158		Ambulatory Surgicenter	48
	Family Practice	118		Psychiatry	45
	Surgery	98		Surgery, Orthopedic	27
	Obstetrics & Gynecology	82		Surgery, Plastic	26
	General Practice	79		Surgery	25
	Emergency Medicine	61		Otolaryngology	22
	Psychiatric Hospital, Acute and Long Ter	50		Substance Abuse Facility	20
	Children's Hospital	47		Partial Hospital/Day Programs	19
Procedure Code	Top 10 Procedure Codes and Descriptions	Total	Procedure Code	Top 10 Procedure Codes and Descriptions	Total
	Procedure Code Description			Procedure Code Description	
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	66
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	5	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	64
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	4	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	46

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)	2	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	45
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	1	19318	BREAST REDUCTION	39
19318	BREAST REDUCTION	1	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	33
19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	1	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	29
19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	1	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	24
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	17
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	16
Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total	Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total
U07.1	COVID-19	125	F84.0	AUTISTIC DISORDER	134
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	107	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	43
A41.9	SEPSIS, UNSPECIFIED ORGANISM	71	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	30
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	66	N62	HYPERTROPHY OF BREAST	29
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	65	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	18
R07.9	CHEST PAIN, UNSPECIFIED	52	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	15
R10.9	UNSPECIFIED ABDOMINAL PAIN	45	M48.02	SPINAL STENOSIS, CERVICAL REGION	14

K92.2	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	36	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	13
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	35	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	13
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	31	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	12
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	No Clinical Info Denial	296		No Clinical Info Denial	15
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	45		Breast Reduction: Breast Tissue Surface Area	11
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	22		Behavioral Health Applied Behavioral Analyst (ABA) - Treatment Hours	10
	Other Coverage Primary/COB (ND01)	21		Varicose Veins: No Duplex/Ultrasound	7
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	21		Network Adequacy Denial: No Out of Network Benefits	7
	Inpatient Admission Late Notification	16		Not Medically Necessary	6
	Musculoskeletal - Coverage for the requested admission is denied - member does not meet criteria	14		Sinus surgery	4
	Coverage Terminated Prior to Service Dates	11		Lumbar laminectomy for herniated disc - (III)	4
	Hypertension - Coverage for the requested admission is denied - member does not meet criteria	10		Investigational/Experimental	3
	Neurological - Coverage for the requested admission is denied - member does not meet criteria	9		Dorsal Column Stimulation (DCS) with no covered diagnosis	3