

Aetna Life Insurance Company HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 10/01/2021 to 12/31/2021

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	126		Applied Behavioral Analysis	19
	Internal Medicine	73		Acute Short Term Hospital	10
	Psychiatry	28		Psychiatry	5
	Surgery	15		Surgery, Neurological	4
	Family Practice	14		Surgery, Plastic	4
	Psychiatric Hospital, Acute and Long Term	11		Ambulatory Surgicenter	3
	Emergency Medicine	9		Cardiovascular Disease	3
	Pediatrics	9		Independent Durable Medical Equipment	2
	Children's Hospital	8		Partial Hospital/Day Programs	2
	General Practice	7		Substance Abuse Facility	2
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)	1	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	11
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	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	6
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	1	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	6

22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, 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	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	4
43999	UNLISTED PROCEDURE, STOMACH	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	3
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	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	3
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; LIMITED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	3
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	1	19318	BREAST REDUCTION	2
S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	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)	2
			22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	2

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total	Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	11	F84.0	AUTISTIC DISORDER	21
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	11	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	5
U07.1	COVID-19	10	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	3
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	7	M54.16	RADICULOPATHY, LUMBAR REGION	3
I50.9	HEART FAILURE, UNSPECIFIED	6	C50.919	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	2
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	6	E65	LOCALIZED ADIPOSITY	2
R10.9	UNSPECIFIED ABDOMINAL PAIN	6	F33.1	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	2
A41.9	SEPSIS, UNSPECIFIED ORGANISM	5	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	2
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	5	F80.2	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	2
I26.99	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	5	G89.4	CHRONIC PAIN SYNDROME	2
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	No Clinical Info Denial	35		Behavioral Health ABA - Treatment Hours	4
	Other Coverage Primary/COB (ND01)	9		Network Adequacy Denial: No Out of Network Benefits	4
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	5		No Clinical Info Denial	3
	Musculoskeletal - Coverage for the requested admission is denied - member does not meet criteria	3		Not a Covered Service	2
	Coverage Terminated Prior to Service Dates	2		Lumbar laminectomy for herniated disc - (III)	2
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	2		Plan exclusion (ND15)	1
	Coverage termed during IP stay or ambulatory event	2		Breast Reduction: Breast Tissue Surface Area	1
	Atrial Fibrillation - Coverage for the requested admission is denied - member does not meet criteria	2		Investigational/Experimental	1
	Renal Colic and Kidney Stones - Coverage for the requested admission is denied - member does not meet criteria	2		Cosmetic Surgery	1
	Plan exclusion (ND15)	1		Panniculectomy Panniculus and Intertrigo	1

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 10/01/2021 to 12/31/2021

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	909		Applied Behavioral Analysis	96
	Internal Medicine	469		Acute Short Term Hospital	74
	Psychiatry	148		Psychiatry	53
	Surgery	105		Ambulatory Surgicenter	48
	Obstetrics & Gynecology	75		Surgery, Orthopedic	33
	Pediatrics	75		Substance Abuse Facility	26
	Emergency Medicine	69		Otolaryngology	25
	Family Practice	69		Surgery, Neurological	21
	General Practice	61		Surgery, Plastic	20
	Psychiatric Hospital, Acute and Long Term	56		Internal Medicine	17
Procedure Code	Top 10 Procedure Codes and Descriptions	Total	Procedure Code	Top 10 Procedure Codes and Descriptions	Total
	Procedure Code Description			Procedure Code Description	
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	8	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	64
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	56
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	4	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	55

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)	2	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	44
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)	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	34
21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	2	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	29
21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	2	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	20
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	2	19318	BREAST REDUCTION	16
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	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	16
52601	TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)	2	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	15

Top 10 Diagnosis Codes and Descriptions			Top 10 Diagnosis Codes and Descriptions		
Diagnosis code	Diagnosis Code Description	Total	Diagnosis code	Diagnosis Code Description	Total
U07.1	COVID-19	145	F84.0	AUTISTIC DISORDER	160
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	97	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	45
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	72	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	27
R07.9	CHEST PAIN, UNSPECIFIED	51	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	17
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	43	J32.0	CHRONIC MAXILLARY SINUSITIS	15
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	37	F33.1	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	13
A41.9	SEPSIS, UNSPECIFIED ORGANISM	33	F41.1	GENERALIZED ANXIETY DISORDER	13
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	32	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	13
R10.9	UNSPECIFIED ABDOMINAL PAIN	29	J34.2	DEVIATED NASAL SEPTUM	11
P59.9	NEONATAL JAUNDICE, UNSPECIFIED	28	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	10
Top 10 Denial Reasons			Top 10 Denial Reasons		
	No Clinical Info Denial	295		No Clinical Info Denial	15
	Inpatient Admission Late Notification	28		Behavioral Health ABA - Treatment Hours	7
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	19		Behavioral Health ABA - Treatment Hours	6
	Other Coverage Primary/COB (ND01)	17		Transcranial Magnetic TMS Criteria not met	5
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	17		Network Adequacy Denial: No Out of Network Benefits	5
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	12		Breast Reduction: Breast Tissue Surface Area	4
	Coverage Terminated Prior to Service Dates	7		Investigational/Experimental	4
	Neurological - Coverage for the requested admission is denied - member does not meet criteria	7		Sinus surgery	4
	Viral illness (for COVID-19) - Coverage for the requested admission is denied - member does not meet criteria	6		No Info PDN	4
	IP Admit Denial Due to Procedure Denial (Admin)	6		Allograft denial	3