

Aetna Life Insurance Company HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2021 to 03/31/2021

| 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 | 231 | | Applied Behavioral Analysis | 31 |
| | Internal Medicine | 167 | | Acute Short Term Hospital | 13 |
| | Family Practice | 71 | | Psychiatry | 12 |
| | Psychiatry | 41 | | Ambulatory Surgicenter | 9 |
| | Obstetrics & Gynecology | 27 | | Otolaryngology | 8 |
| | Pediatrics | 25 | | Residential Treatment Facility | 4 |
| | Surgery | 18 | | Surgery, Orthopedic | 4 |
| | Surgery, Orthopedic | 17 | | Family Practice | 3 |
| | General Practice | 16 | | General Practice | 3 |
| | Emergency Medicine | 15 | | Internal Medicine | 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 | |
| 15876 | SUCTION ASSISTED LIPECTOMY; HEAD AND NECK ALLOGRAFT, MORSELIZED, OR PLACEMENT OF | 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 | 15 |
| 20930 | OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | 1 | H2036 | ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE | 14 |
| 27447 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) | 1 | 97153 | PATIENT, EACH 15 MINUTES BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A | 10 |
| 31525 | LARYNGOSCOPY DIRECT; DIAGNOSTIC, EXCEPT NEWBORN | 1 | 97151 | PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A | 9 |

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| 39220 | RESECTION OF MEDIASTINAL TUMOR LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY | 1 | H0035 | MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS | 9 |
| 63048 | (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 | 97155 | ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES | 5 |
| 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 | 1 | 31295 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA | 3 |
| | | | 36478 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED | 3 |
| | | | 99499 | UNLISTED EVALUATION AND MANAGEMENT SERVICE | 3 |
| | | | 19318 | BREAST REDUCTION | 2 |
| 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 | 56 | F84.0 | AUTISTIC DISORDER | 41 |
| R10.9 | UNSPECIFIED ABDOMINAL PAIN | 21 | F10.20 | ALCOHOL DEPENDENCE, UNCOMPLICATED | 7 |
| R07.9 | CHEST PAIN, UNSPECIFIED | 19 | F33.2 | MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES | 6 |
| J18.9 | PNEUMONIA, UNSPECIFIED ORGANISM | 18 | F11.20 | OPIOID DEPENDENCE, UNCOMPLICATED | 4 |
| A41.9 | SEPSIS, UNSPECIFIED ORGANISM | 15 | I83.813 | VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN | 3 |
| F10.20 | ALCOHOL DEPENDENCE, UNCOMPLICATED | 15 | J32.0 | CHRONIC MAXILLARY SINUSITIS | 3 |
| N17.9 | ACUTE KIDNEY FAILURE, UNSPECIFIED | 14 | J34.2 | DEVIATED NASAL SEPTUM | 3 |
| F11.20 | OPIOID DEPENDENCE, UNCOMPLICATED | 13 | 299 | AUTISTIC DISORDER, CURRENT OR ACTIVE STATE | 2 |
| R52 | PAIN, UNSPECIFIED | 13 | C50.912 | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST | 2 |
| F33.2 | MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES | 12 | E70.0 | CLASSICAL PHENYLKETONURIA | 2 |
| | Top 10 Denial Reasons | Total | | Top 10 Denial Reasons | Total |
| | No Clinical Info Denial | 54 | | Network Adequacy Denial: No Out of Network Benefits | 4 |
| | Other Coverage Primary/COB | 11 | | Non Participating | 3 |

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| Systemic or Infectious Condition-Coverage for the requested admission is denied- member does not meet criteria | 10 | Behavioral Health ABA - Treatment Hours | 3 |
| Abdominal Pain-Coverage for the requested admission is denied- member does not meet criteria | 9 | Cosmetic Surgery | 2 |
| Chest Pain-Coverage for the requested admission is denied- member does not meet criteria | 8 | Allograft denial | 1 |
| Inpatient Admission Late Notification | 6 | No Clinical Info Denial | 1 |
| Coverage Terminated Prior to Service Dates | 5 | Transcranial Magnetic TMS Criteria not met | 1 |
| Post Procedure-Coverage for the requested admission is denied- member does not meet criteria | 4 | Breast Reduction - Meets Other Criteria but No Photos submitted | 1 |
| Multiple Illness-Coverage for the requested admission is denied- member does not meet criteria | 4 | FAI (femoro-acetabular) hip impingement surgery age 15+ | 1 |
| Cellulitis-Coverage for the requested admission is denied- member does not meet criteria | 3 | Lumbar laminectomy for herniated disc - (III) | 1 |

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2021 to 03/31/2021

| 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 | 1044 | | Applied Behavioral Analysis | 83 |
| | Internal Medicine | 603 | | Acute Short Term Hospital | 63 |
| | Psychiatry | 142 | | Psychiatry | 58 |
| | Family Practice | 117 | | Otolaryngology | 30 |
| | Surgery | 110 | | Surgery, Orthopedic | 29 |
| | Obstetrics & Gynecology | 71 | | Ambulatory Surgicenter | 28 |
| | Pediatrics | 65 | | Family Practice | 22 |
| | Emergency Medicine | 54 | | Substance Abuse Facility | 21 |
| | General Practice | 54 | | Surgery, General Vascular | 21 |
| | Surgery, Orthopedic | 51 | | 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) | 9 | H0035 | MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS | 71 |
| 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) | 5 | H2036 | ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM | 64 |
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS) LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY | 2 | 97153 | ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES | 43 |
| 63048 | (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 | 2 | 36475 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED | 38 |

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| 95714 | ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED | 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 | 35 |
| 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 | 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 | 29 |
| 19342 | INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY | 1 | 19318 | BREAST REDUCTION | 24 |
| 19357 | TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S) | 1 | 63030 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR | 20 |
| 20931 | ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (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 | 17 |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL; | 1 | 99202 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 15-29 MINUTES OF TOTAL | 16 |
| | Top 10 Diagnosis Codes and Descriptions | Total | | Top 10 Diagnosis Codes and Descriptions | Total |
| Diagnosis code | Diagnosis Code Description | | Diagnosis code | Diagnosis Code Description | |
| U07.1 | COVID-19 | 197 | F84.0 | AUTISTIC DISORDER | 139 |
| F10.20 | ALCOHOL DEPENDENCE, UNCOMPLICATED | 95 | F10.20 | ALCOHOL DEPENDENCE, UNCOMPLICATED | 49 |
| F33.2 | MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES | 74 | F33.2 | MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES | 37 |
| J18.9 | PNEUMONIA, UNSPECIFIED ORGANISM | 62 | N62 | HYPERTROPHY OF BREAST | 19 |
| R10.9 | UNSPECIFIED ABDOMINAL PAIN | 51 | I83.893 | VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS | 18 |
| A41.9 | SEPSIS, UNSPECIFIED ORGANISM | 44 | Z63.6 | DEPENDENT RELATIVE NEEDING CARE AT HOME | 18 |
| R07.9 | CHEST PAIN, UNSPECIFIED | 41 | J32.0 | CHRONIC MAXILLARY SINUSITIS | 14 |

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| K85.90 | ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED | 37 | I87.2 | VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL) | 12 |
| K92.2 | GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED | 37 | M51.26 | OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION | 12 |
| I48.91 | UNSPECIFIED ATRIAL FIBRILLATION | 34 | F33.1 | MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE | 9 |
| Top 10 Denial Reasons | | Total | Top 10 Denial Reasons | | Total |
| | No Clinical Info Denial | 270 | | Network Adequacy Denial: No Out of Network Benefits | 8 |
| | Abdominal Pain-Coverage for the requested admission is denied- member does not meet criteria | 23 | | No Clinical Info Denial | 7 |
| | Post Procedure-Coverage for the requested admission is denied- member does not meet criteria | 16 | | No Info Private Duty Nursing | 5 |
| | Other Coverage Primary/COB | 15 | | Breast Reduction: Breast Tissue Surface Area | 4 |
| | Inpatient Admission Late Notification | 15 | | Not Medically Necessary | 4 |
| | Coverage Terminated Prior to Service Dates | 13 | | Investigational/Experimental | 4 |
| | Chest Pain-Coverage for the requested admission is denied- member does not meet criteria | 11 | | Varicose Veins: No Duplex/Ultrasound | 4 |
| | Pneumonia-Coverage for the requested admission is denied- member does not meet criteria | 10 | | Breast Reduction - Meets Other Criteria but No Photos submitted | 4 |
| | Neurological-Coverage for the requested admission is denied- member does not meet criteria | 10 | | Behavioral Health ABA - Treatment Hours | 4 |
| | Diabetes-Coverage for the requested admission is denied- member does not meet criteria | 9 | | Uvulectomy | 4 |