

Aetna Life Insurance Company HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2022 to 06/30/2022

Inpatient Medical and Non-Medical Approvals and Denials			Ambulatory Medical and Non-Medical Approvals and Denials		
Top 10 Provider/Facility Types		Total	Top 10 Provider/Facility Types		Total
	Acute Short Term Hospital	47		Applied Behavioral Analysis	19
	Internal Medicine	44		Psychiatry	10
	Psychiatry	11		Acute Short Term Hospital	6
	Psychiatric Hospital, Acute and Long Term	10		Family Practice	4
	Family Practice	9		Ambulatory Surgicenter	3
	Residential Treatment Facility	5		Clinical Psychologist	3
	Surgery	4		General Practice	3
	Hematology/Oncology	3		Surgery, Plastic	3
	Neonatology	3		Internal Medicine	2
	Pediatrics	3		Obstetrics & Gynecology	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	
58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	3	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S)	10
96416	INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE	2	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	8
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HENIARTHROPLASTY	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	7

23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	1	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	5
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	1	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	4
33477	TRANSCATHETER PULMONARY VALVE IMPLANTATION, PERCUTANEOUS APPROACH, INCLUDING PRE-STENTING OF THE VALVE DELIVERY SITE, WHEN PERFORMED	1	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	3
35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CARO TID,	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	3
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	3
44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	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	3
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	1	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	3
Top 10 Diagnosis Codes and Descriptions			Total	Top 10 Diagnosis Codes and Descriptions	Total

Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	14	F84.0	AUTISTIC DISORDER	22
R07.9	CHEST PAIN, UNSPECIFIED	7	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	7
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	6	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	6
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	5	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	3
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	4	M24.10	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED SITE	3
K85.90	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	4	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	2
A41.9	SEPSIS, UNSPECIFIED ORGANISM	3	F33.1	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	2
C53.9	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	3	F41.1	GENERALIZED ANXIETY DISORDER	2
F25.0	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	3	F43.10	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	2
F31.2	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES	3	J32.2	CHRONIC ETHMOIDAL SINUSITIS	2
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
J19	No Clinical Info Denial	18	S11	BH ABA - Treatment Hours	3
C35	Intestinal Obstruction	2	I81	BH - Non-licensed or Non-certified Provider	2
J32	Abdominal Pain	2	X52	Breast Implant removal for cosmetic implants	2
K79	Post Procedure-	2	24	Plan exclusion (ND15)	1
35	Other Coverage Primary	1	B59	Shoulder arthroplasty, reverse	1
50	Coverage Terminated Prior to Service Dates	1	B81	Osteochondral allograft (femoral)	1
C70	Level of Care: Denial	1	C30	TMS No augmenting agent	1
D63	Medically Monitored	1	J19	No Clinical Info Denial	1
J31	Cellulitis-Adm	1	M79	Transcranial Magnetic TMS criteria not met	1
J35	Syncope-Adm	1	M80	Transcranial Magnetic TMS Criteria not met	1

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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	662		Applied Behavioral Analysis	109
	Internal Medicine	355		Acute Short Term Hospital	64
	Psychiatry	88		Psychiatry	58
	Surgery	75		Ambulatory Surgicenter	41
	Family Practice	62		Surgery, Orthopedic	30
	Pediatrics	55		Surgery, Plastic	27
	Emergency Medicine	53		Otolaryngology	25
	Psychiatric Hospital, Acute and Long Term	52		Family Practice	16
	Obstetrics & Gynecology	49		Substance Abuse Facility	16
	General Practice	46		Surgery	16
Procedure Code	Top 10 Procedure Codes and Descriptions	Total	Procedure Code	Top 10 Procedure Codes and Descriptions	Total
	Procedure Code Description			Procedure Code Description	
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	62
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)	3	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	51
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	38

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)	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	38
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	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	37
19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	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)	36
20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	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	29
21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL) SLIDING OSTEOTOMY, SINGLE PIECE	1	19318	BREAST REDUCTION	22
22216	REVISE, EXTRA SPINE SEGMENT	1	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	21

22830 EXPLORATION OF SPINAL FUSION 1

63030 LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR 19

Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	94
F33.2	WITHOUT PSYCHOTIC FEATURES	52
A41.9	SEPSIS, UNSPECIFIED ORGANISM	36
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	30
R10.9	UNSPECIFIED ABDOMINAL PAIN	28
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	26
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	25
K56.609	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	24
R07.9	CHEST PAIN, UNSPECIFIED	22
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	21

Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total
F84.0	AUTISTIC DISORDER	159
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	46
F33.2	WITHOUT PSYCHOTIC FEATURES	37
N62	HYPERTROPHY OF BREAST	19
F41.1	GENERALIZED ANXIETY DISORDER	17
I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	17
Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	15
M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	14
M54.16	RADICULOPATHY, LUMBAR REGION	11
J34.2	DEVIATED NASAL SEPTUM	10

Top 10 Denial Reasons		Total
J19	No Clinical Info Denial	232
35	Other Coverage Primary	22
K79	Post Procedure-Adm	15
50	Coverage Terminated Prior to Service Dates	13
O96	Inpatient Admission Late Notification	13
Q18	Failure to Precert Procedure Denial	12
J32	Abdominal Pain-Adm	9
F63	IP Admit Denial Due to Procedure Denial	8
C78	IP denial for emergent OP procedure	7

Top 10 Denial Reasons		Total
S11	BH ABA - Treatment Hours	13
F70	Cosmetic Surgery	7
M82	Sinus surgery	7
E13	Not Medically Necessary	6
737	Breast Reduction: Breast Tissue Surface Area	4
E15	Investigational/Experimental	4
Q97	Cervical laminectomy	4
D54	BH ABA - Treatment Hours	3
F08	Non Par	3

J28

Chest Pain-Adm

6 J19

No Clinical Info Denial

3