

Aetna Life Insurance Company HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2021 to 09/30/2021

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	200		Applied Behavioral Analysis	28
	Internal Medicine	199		Ambulatory Surgicenter	7
	Family Practice	57		Acute Short Term Hospital	6
	Psychiatry	31		Family Practice	6
	Obstetrics & Gynecology	26		Psychiatry	5
	Surgery	17		Internal Medicine	4
	Pediatrics	16		Substance Abuse Facility	4
	General Practice	14		Surgery, Plastic	4
	Emergency Medicine	10		Otolaryngology	3
	Surgery, Orthopedic	9		Physical Therapist	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	
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)	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	13
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	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	11
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)	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	10

20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	19318	BREAST REDUCTION	6
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	6
22224	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR	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
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	4
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET PROCEDURE)	1	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	4
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	3
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	1	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	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	
U07.1	COVID-19	114	F84.0	AUTISTIC DISORDER	39
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	23	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	5

F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	18	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	4
A41.9	SEPSIS, UNSPECIFIED ORGANISM	11	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	3
R07.9	CHEST PAIN, UNSPECIFIED	10	F15.20	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	3
R10.9	UNSPECIFIED ABDOMINAL PAIN	10	J34.2	DEVIATED NASAL SEPTUM	3
J12.82	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019	9	N62	HYPERTROPHY OF BREAST	3
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	8	F14.20	COCAINE DEPENDENCE, UNCOMPLICATED	2
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	8	F43.23	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	2
R06.02	SHORTNESS OF BREATH	8	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	2
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	No Clinical Info Denial	49		Network Adequacy Denial: No Out of Network Benefits	5
	Other Coverage Primary/COB (ND01)	17		Behavioral Health ABA - Treatment Hours	3
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	13		Behavioral Health ABA - Treatment Hours	2
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	5		No Clinical Info Denial	2
	MCG: Viral illness (for COVID-19) - ADM	4		Breast Reduction: Lack of Conservative Measures	1
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	4		Breast Reduction: Breast Tissue Surface Area	1
	Hypertension - Coverage for the requested admission is denied - member does not meet criteria	4		Allograft denial	1
	Gastroenteritis - Coverage for the requested admission is denied - member does not meet criteria	4		TMS Not adequate medication trials	1
	Coverage Terminated Prior to Service Dates	3		Investigational/Experimental	1
	IP Admit Denial Due to Procedure Denial (Clin)	3		Not a Covered Service	1

Aetna Life Insurance Company PPO Products

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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		1128		Applied Behavioral Analysis		83
	Internal Medicine		706		Acute Short Term Hospital		72
	Psychiatry		144		Psychiatry		65
	Family Practice		138		Ambulatory Surgicenter		49
	Surgery		102		Surgery, Orthopedic		37
	General Practice		86		Surgery		23
	Obstetrics & Gynecology		81		Otolaryngology		22
	Pediatrics		58		Surgery, Plastic		19
	Emergency Medicine		49		Family Practice		18
	Psychiatric Hospital, Acute and Long Ter		47		Partial Hospital/Day Programs		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			
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		14	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS		71
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		6	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM		63
19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)		2	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED		37

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	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	34
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	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	33
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	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	27
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	2	19318	BREAST REDUCTION	25
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)	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
21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	14

22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	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	14
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	304	F84.0	AUTISTIC DISORDER	125
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	95	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	35
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	71	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	25
A41.9	SEPSIS, UNSPECIFIED ORGANISM	59	M51.26	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	18
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	51	F41.1	GENERALIZED ANXIETY DISORDER	17
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	43	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	16
R10.9	UNSPECIFIED ABDOMINAL PAIN	42	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	14
R07.9	CHEST PAIN, UNSPECIFIED	41	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COM	13
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	36	N62	HYPERTROPHY OF BREAST	13
I21.3	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE	31	I83.11	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	12
	Top 10 Denial Reasons	Total		Top 10 Denial Reasons	Total
	No Clinical Info Denial	335		Breast Reduction: Breast Tissue Surface Area	9
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	32		No Clinical Info Denial	9
	Inpatient Admission Late Notification	21		Sinus surgery	8
	Other Coverage Primary/COB (ND01)	19		Behavioral Health ABA - Treatment Hours	7
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	16		Coverage Terminated Prior to Service Dates	5
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	14		Not Medically Necessary	5
	Coverage Terminated Prior to Service Dates	12		Transition Of Care - Request After 90 Days	5
	Viral illness (for COVID-19) - Coverage for the requested admission is denied - member does not meet criteria	10		Non Participating	4

Diverticulitis - Coverage for the requested admission is denied - member does not meet criteria	9		Plan exclusion (ND15)	3
Neurological - Coverage for the requested admission is denied - member does not meet criteria	8		Level of Care: LOCUS Denial	3