

Aetna Life Insurance Company HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 10/01/2020 to 12/31/2020

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	264		Applied Behavioral Analysis	24
	Internal Medicine	241		Acute Short Term Hospital	16
	Family Practice	66		Psychiatry	15
	Psychiatry	43		Ambulatory Surgical Center	8
	Obstetrics & Gynecology	33		Internal Medicine	5
	Surgery	27		General Practice	4
	General Practice	24		Otolaryngology	4
	Surgery, Orthopedic	15		Family Practice	3
	Pediatrics	13		Partial Hospital/Day Programs	3
	Psychiatric Hospital, Acute and Long Term	11		Pediatrics	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	
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY	4	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	17
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	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	14
95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	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)	7
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY	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
22632	SPINE FUSION, EXTRA SEGMENT	1	19318	REDUCTION MAMMAPLASTY	6

22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	1	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	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	1	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	6
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	1	99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION	4
			31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	3
			63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	3
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	57	F84.0	AUTISTIC DISORDER	32
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	18	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	14
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	18	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	5
R07.9	CHEST PAIN, UNSPECIFIED	16	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	5
R10.9	UNSPECIFIED ABDOMINAL PAIN	15	N62	HYPERTROPHY OF BREAST	5
R52	PAIN, UNSPECIFIED	12	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	4
A41.9	SEPSIS, UNSPECIFIED ORGANISM	11	Z63.6	DEPENDENT RELATIVE NEEDING CARE AT HOME	4
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	10	J32.0	CHRONIC MAXILLARY SINUSITIS	3
R06.02	SHORTNESS OF BREATH	10	M24.10	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED SITE	3
F29	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	9	Z85.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	3

Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
No Clinical Info Denial		52	Not Medically Necessary		3
Other Coverage Primary/COB		18	Breast Reduction: Breast Tissue Surface Area		2
Post Procedure-Coverage for the requested admission is denied- member does not meet criteria		11	Behavioral Health ABA - Treatment Hours		2
Abdominal Pain- Coverage for the requested admission is denied- member does not meet criteria		8	Network Adequacy Denial: No Out of Network Benefits		2
Neurological- Coverage for the requested admission is denied- member does not meet criteria		7	Plan exclusion		1
Chest Pain- Coverage for the requested admission is denied- member does not meet criteria		6	Coverage Terminated Prior to Service Dates		1
Coverage Not Yet in Effect on Service Dates		5	Varicose Veins		1
Inpatient Rehab Adm Denial-Acute Rehab Not Required		5	Outpatient Video EEG		1
Failure to Precert Procedure Denial		5	Non Participating		1
Inpatient Rehab LOC No Longer Required		4	Not a Covered Service		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	974		Applied Behavioral Analysis	89
	Internal Medicine	528		Acute Short Term Hospital	52
	Psychiatry	143		Psychiatry	51
	Family Practice	115		Ambulatory Surgical Center	35
	Surgery	93		Surgery, General Vascular	22
	General Practice	73		Surgery, Orthopedic	22
	Obstetrics & Gynecology	73		Otolaryngology	21
	Psychiatric Hospital, Acute and Long Term	60		Surgery	20
	Surgery, Orthopedic	58		Substance Abuse Facility	19
	Emergency Medicine	47		Surgery, Plastic	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	10	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	67
20936	(HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION	5	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	60
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	4	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	47
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	3	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	43

21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	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	41
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	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)	28
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	2	19318	REDUCTION MAMMAPLASTY	21
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	2	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	20
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	2	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	16
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION)	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	16
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	171	F84.0	AUTISTIC DISORDER	134
F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	89	F10.20	ALCOHOL DEPENDENCE, UNCOMPLICATED	37

F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	79	F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	24
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	73	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	20
R07.9	CHEST PAIN, UNSPECIFIED	53	F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	18
R10.9	UNSPECIFIED ABDOMINAL PAIN	51	I83.813	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	17
A41.9	SEPSIS, UNSPECIFIED ORGANISM	44	N62	HYPERTROPHY OF BREAST	14
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	44	I83.893	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	11
I48.91	UNSPECIFIED ATRIAL FIBRILLATION	30	F41.1	GENERALIZED ANXIETY DISORDER	9
F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	28	J32.4	CHRONIC PANUSINUSITIS	9
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	No Clinical Info Denial	246		Breast Reduction: Breast Tissue Surface Area	10
	Post Procedure-Coverage for the requested admission is denied- member does not meet criteria	26		Behavioral Health ABA - Treatment Hours	10
	Other Coverage Primary/COB	18		Network Adequacy Denial: No Out of Network Benefits	9
	Chest Pain-Coverage for the requested admission is denied- member does not meet criteria	16		No Clinical Info Denial	7
	Coverage Terminated Prior to Service Dates	13		Investigational/Experimental	5
	Inpatient Admission Late Notification	13		Varicose Veins: No Duplex/Ultrasound	5
	Atrial Fibrillation - Coverage for the requested admission is denied- member does not meet criteria	11		Plan exclusion	2
	Inpatient Admit Denial Due to Procedure Denial	10		Coverage Terminated Prior to Service Dates	2
	Inpatient Rehab Admission Denial-Acute Rehab Not Required	8		Not a Covered Service	2
	Allograft denial	8		Not Medically Necessary	2