Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2025 to 03/31/2025

Inpatient Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Internal Medicine	4897
	Psychiatry	2494
	Family Practice	1053
	General Practice	461
	Surgery	425
	Obstetrics & Gynecology	333
	Emergency Medicine	298
	Physical Medicine & Rehabilitation	216
	Acute Short Term Hospital	211
	Surgery, Orthopedic	154

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	58
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	43
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	40
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	31
22614	ARTHRD PST TQ 1NTRSPC EA ADD	25
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	25
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	24
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	23
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	20
22633	ARTHRD CMBN 1NTRSPC LUMBAR	18

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F10.20	Alcohol dependence, uncomplicated	1037
F11.20	Opioid dependence, uncomplicated	372

Ambulatory Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Surgery, Orthopedic	912
	Psychiatry	839
	Applied Behavioral Analysis	572
	Otolaryngology	451
	Internal Medicine	408
	Surgery, Neurological	355
	Surgery	285
	Surgery, Plastic	252
	Family Practice	221
	Addiction Medicine	154

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
H2036	A/D TX PROGRAM, PER DIEM	822
81432	HRDTRY BRST CA-RLATD DO 5+	263
H0035	MH PARTIAL HOSP TX UNDER 24H	251
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	240
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	198
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	190
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	184
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	183
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	183
99417	PROLNG OP E/M EACH 15 MIN	127

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F10.20	Alcohol dependence, uncomplicated	498
F84.0	AUTISTIC DISORDER	254

F33.2	Major depressv disorder, recurrent severe w/o psych features	262	F11.20	Opioid dependence, uncomplicated	207
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	232	F33.2	Major depressv disorder, recurrent severe w/o psych features	146
R07.9	Chest pain, unspecified	229	M17.11	Unilateral primary osteoarthritis, right knee	102
A41.9	Sepsis, unspecified organism	203	M17.12	Unilateral primary osteoarthritis, left knee	94
I50.9	HEART FAILURE, UNSPECIFIED	179	Z80.3	Family history of malignant neoplasm of breast	87
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	174	M16.11	Unilateral primary osteoarthritis, right hip	86
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	172	F14.20	Cocaine dependence, uncomplicated	84
F10.239	Alcohol dependence with withdrawal, unspecified	138	I87.2	Venous insufficiency (chronic) (peripheral)	84
	Top 10 Denial Reasons	**Total**		**Top 10 Denial Reasons**	**Total**
	ASAM Lev 3.5 RTC no Medical Monitoring -Adult/Adol	255		Network Adequacy Denial	110
	ASAM Lev 3.7 Withdrawal Mgmt RTC Medical/Behavioral Health Monitoring -Adult/Adol	221		ASAM Level 2.5 (PHP) Medical/Behavioral Health Monitoring - Adult/Adol	69
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	158		Not Medically Necessary	44
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	137		Primary Total Knee Arthroplasty	42
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	132		Lumbar laminectomy for herniated disc - (C)	39
	Heart Failure/ Congestive (CHF) - Coverage for the requested admission is denied - member does not meet criteria	104		Primary Total Hip Arthroplasty	29
	Substance Related withdrawal - Coverage for the requested admission is denied - member does not meet criteria	103		Robotic Assistance - KNEE ARTHROPLASTY E/I	28
	Neurology, General - Coverage for the requested admission is denied - member does not meet criteria	102		Cervical laminectomy/fusion - (A)	23
	Precert denial of requested post-surgical admission	102		Spine cages for cervical fusion	21
	Cellulitis, Adult - Coverage for the requested admission is denied - member does not meet criteria	93		Behavioral Health ABA - Treatment Hours	21

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2025 to 03/31/2025

Inpatient Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Psychiatry	215
	Internal Medicine	142
	Hospitalist	100
	Pediatrics	98
	Anxiety Disorders	89
	Mood Disorders	79
	General Practice	65
	Psychotic Disorders	58
	Psychiatry, Child & Adolescent	55
	Attention Deficit Disorder	53

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	43
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	29
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	22
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	22
22633	ARTHRD CMBN 1NTRSPC LUMBAR	21
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	20
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	18
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	17
22614	ARTHRD PST TQ 1NTRSPC EA ADD	16
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	15
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	15

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total

Ambulatory Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Psychiatry	141
	Internal Medicine	103
	Surgery	79
	Anxiety Disorders	70
	Mood Disorders	55
	Attention Deficit Disorder	50
	Surgery, Orthopedic	49
	Obstetrics & Gynecology	48
	Obsessive-Compulsive Disorder	46
	General Practice	44
	Psychiatry, Child & Adolescent	44

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	262
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	211
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	208
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	207
81432	HRDTRY BRST CA-RLATD DO 5+	165
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	125
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	118
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	117
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	91
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	86

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total

F10.20	Alcohol dependence, uncomplicated	141	F84.0	AUTISTIC DISORDER	278
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	77	F33.2	Major depressv disorder, recurrent severe w/o psych features	91
F33.2	Major depressv disorder, recurrent severe w/o psych features	70	Z80.3	Family history of malignant neoplasm of breast	73
A41.9	Sepsis, unspecified organism	65	M16.11	Unilateral primary osteoarthritis, right hip	61
R07.9	Chest pain, unspecified	60	M17.12	Unilateral primary osteoarthritis, left knee	60
Z34.90	Encntr for suprvsn of normal pregnancy, unsp, unsp trimester	60	M16.12	Unilateral primary osteoarthritis, left hip	59
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	50	I87.2	Venous insufficiency (chronic) (peripheral)	58
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	45	M17.11	Unilateral primary osteoarthritis, right knee	56
J96.01	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	45	J32.0	Chronic maxillary sinusitis	49
O80	Encounter for full-term uncomplicated delivery	44	N62	Hypertrophy of breast	47
	Top 10 Denial Reasons	**Total**		**Top 10 Denial Reasons**	**Total**
	Precert denial of requested post-surgical admission	71		Not Medically Necessary	35
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	43		Infertility: PGT-A (PGS)	29
	Chest Pain (not angina) - Coverage for the requested admission is denied - member does not meet criteria	41		Breast Reduction: Breast Tissue Removal based on Body Surface Area	26
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	33		Primary Total Knee Arthroplasty	22
	Lumbar spinal fusion - spinal stenosis	22		Lumbar laminectomy for herniated disc - (C)	22
	Neurology, General - Coverage for the requested admission is denied - member does not meet criteria	20		Primary Total Hip Arthroplasty	20
	IP denial for emergent OP procedure - no delay day - Coverage for the requested admission is denied - member does not meet criteria	19		Robotic Assistance - KNEE ARTHROPLASTY E/I	20
	Pneumonia - Coverage for the requested admission is denied - member does not meet criteria	16		Network Adequacy Denial	17
	Musculoskeletal, Ortho - Coverage for the requested admission is denied - member does not meet criteria	14		FAI (femoro-acetabular) hip impingement surg, no age criteria	16
	Gallbladder - Coverage for the requested admission is denied - member does not meet criteria	14		Investigational/Experimental	15
	Systemic or Infectious Condition - Coverage for the requested admission is denied - member does not meet criteria	14		Spine cages for cervical fusion	15