Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2026 to 03/31/2026

Inpatient **Medical and Non-Medical Approvals and Denials**

	Top 10 Provider/Facility Types	Total
	Internal Medicine	151
	Family Practice	24
	Psychiatry	24
	Obstetrics & Gynecology	20
	General Practice	16
	Pediatrics	11
	Emergency Medicine	9
	Surgery, Orthopedic	8
	Pulmonary Disease	5
	Surgery	5
	Physical Medicine & Rehabilitation	5

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	2
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	2
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	2
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	2
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	2
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SE	2

Ambulatory **Medical and Non-Medical Approvals and Denials**

	Top 10 Provider/Facility Types	Total
	Applied Behavioral Analysis	38
	Surgery, Orthopedic	35
	Obstetrics & Gynecology	13
	Endocrinology, Reproductive	13
	Surgery, Plastic	13
	Otolaryngology	8
	Psychiatry	6
	Urology	6
	Surgery, Neurological	6
	Surgery	5

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	60
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	43
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	42
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	42
52000	CYSTOURETHROSCOPY	16
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	13

32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	1	81432	HRDTRY BRST CA-RLATD DO 5+	11
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTM	1	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	9
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	1	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	7
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	1	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	7
33924	LIG&TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	1	90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	7
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLN	1	89291	BX OOCYTE MICROTQ >5 EMBRY	7
93656	COMPRE EP EVAL ABLTJ ATR FIB	1	89290	BX OOCYTE MICROTQ >/EQUAL 5 EMBRY	7
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVAI	1			
14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	1			
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM/<	1			
15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUN	1			
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	1			
27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXA	1			
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	1			

33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	1
33415	RESECTION/INCISION SUBVALVULAR TISSUE	1

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
R07.9	Chest pain, unspecified	11
A41.9	Sepsis, unspecified organism	7
D64.9	ANEMIA, UNSPECIFIED	7
R10.9	Unspecified abdominal pain	7
K92.2	Gastrointestinal hemorrhage, unspecified	6
Z34.90	Encntr for suprvsn of normal pregnancy, unsp, unsp trime	6
F10.20	Alcohol dependence, uncomplicated	6
D57.00	Hb-SS disease with crisis, unspecified	6
K56.609	Unsp intestnl obst, unsp as to partial versus complete ob	5
I21.3	ST elevation (STEMI) myocardial infarction of unsp site	5
F33.2	Major depressv disorder, recurrent severe w/o psych fea	5
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	5
K35.80	Unspecified acute appendicitis	5
R55	SYNCOPE AND COLLAPSE	5

	Top 10 Denial Reasons	Total
	Chest Pain (not angina) - Coverage for the requested admission is denied - member does not meet criteria	8
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	5
	Musculoskeletal, Ortho - Coverage for the requested admission is denied - member does not meet criteria	5

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F84.0	AUTISTIC DISORDER	61
F33.2	Major depressv disorder, recurrent severe w/o psych features	8
Z31.83	Encounter for assisted reprodctv fertility procedure cycle	8
Z80.3	Family history of malignant neoplasm of breast	8
I87.2	Venous insufficiency (chronic) (peripheral)	7
M17.11	Unilateral primary osteoarthritis, right knee	6
N97.9	Female infertility, unspecified	5
M17.12	Unilateral primary osteoarthritis, left knee	5
J32.0	Chronic maxillary sinusitis	4
Z34.80	Encounter for suprvsn of normal pregnancy, unsp trimester	4
M16.11	Unilateral primary osteoarthritis, right hip	4
M19.012	Primary osteoarthritis, left shoulder	4

	Top 10 Denial Reasons	Total
	Infertility: PGT-A (PGS)	7
	Not Medically Necessary	6
	Network Adequacy Denial	5

	Anemia - Coverage for the requested admission is denied - member does not meet criteria	4		Primary Total Knee Arthroplasty - no PT	4
	Precert denial of requested post-surgical admission	4		Site of service Not Met-Not NPL Proc-Non-Hosp/OP/Office Setti	4
	IP denial for emergent OP procedure - ADM with delay day - Coverage for the requested admission is denied - member does not meet criteria	4		Robotic Assistance - KNEE ARTHROPLASTY E/I	3
	Syncope - Coverage for the requested admission is denied - member does not meet criteria	4		Endoscopic sinus surgery and balloon sinuplasty	2
	Liver Disease (e.g., hepatitis) - Coverage for the requested admission is denied - member does not meet criteria	3		Breast Reduction: Breast Tissue Removal based on Body Surface	2
	IP denial for emergent OP procedure - ADM no delay day- Coverage for the requested admission is denied - member does not meet criteria	3		Spine cages for cervical fusion	2
	Back Pain (or Spine) - **C**overage for the requested admission is denied - member does not meet criteria	3		Behavioral Health ABA - Treatment Hours	2

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2026 to 03/31/2026

Inpatient Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Internal Medicine	1241
	Psychiatry	324
	Obstetrics & Gynecology	308
	Surgery	204
	Family Practice	181
	Pediatrics	171
	General Practice	103
	Emergency Medicine	101
	Surgery, Orthopedic	93
	Surgery, Neurological	74

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	26
22614	ARTHRD PST TQ 1NTRSPC EA ADD	22
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	20
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	20
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	20
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	18
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	18
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	18
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional	16
63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMB	15

Ambulatory Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Surgery, Orthopedic	416
	Otolaryngology	228
	Applied Behavioral Analysis	171
	Psychiatry	158
	Surgery	134
	Surgery, Plastic	122
	Obstetrics & Gynecology	106
	Surgery, Neurological	74
	Cardiovascular Disease	57
	Cardiac Electrophysiology	48

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	283
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	210
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+	161
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	140
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	122
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	121
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	114
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	100

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F10.20	Alcohol dependence, uncomplicated	139
F33.2	Major depressv disorder, recurrent severe w/o psych features	100
A41.9	Sepsis, unspecified organism	64
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	57
R07.9	Chest pain, unspecified	55
R10.9	Unspecified abdominal pain	52
O80	Encounter for full-term uncomplicated delivery	44
K56.609	Unsp intestnl obst, unsp as to partial versus complete obst	43
R56.9	UNSPECIFIED CONVULSIONS	42
Z34.90	Encntr for suprvsn of normal pregnancy, unsp, unsp trime	41

	Top 10 Denial Reasons	Total
	Precert denial of requested post-surgical admission	100
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	38
	Chest Pain (not angina) - Coverage for the requested admission is denied - member does not meet criteria	32
	Not Medically Necessary	31
	Neurology, General - Coverage for the requested admission is denied - member does not meet criteria	27
	Gallbladder - Coverage for the requested admission is denied - member does not meet criteria	27
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	26
	Inpatient denial for emergent OP procedure - ADM no delay day - Coverage for the requested admission is denied - member does not meet criteria	24

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F84.0	AUTISTIC DISORDER	298
F33.2	Major depressv disorder, recurrent severe w/o psych features	88
M17.11	Unilateral primary osteoarthritis, right knee	73
M16.11	Unilateral primary osteoarthritis, right hip	65
Z80.3	Family history of malignant neoplasm of breast	65
J34.2	Deviated nasal septum	63
M16.12	Unilateral primary osteoarthritis, left hip	57
M17.12	Unilateral primary osteoarthritis, left knee	55
J32.0	Chronic maxillary sinusitis	53
F10.20	Alcohol dependence, uncomplicated	46

	Top 10 Denial Reasons	Total
	Not Medically Necessary	83
	Endoscopic sinus surgery and balloon sinuplasty	44
	Robotic Assistance - KNEE ARTHROPLASTY E/I	30
	Primary Total Knee Arthroplasty - no PT	28
	Infertility: PGT-A (PGS)	26
	Network Adequacy Denial	20
	Primary Total Hip Arthroplasty - no PT	20
	Investigational/Experimental	18

	Pneumonia - Coverage for the requested admission is denied - member does not meet criteria	20		Spine cages for cervical fusion	18
	IP denial for emergent OP procedure - ADM with delay day - Coverage for the requested admission is denied - member does not meet criteria	18		Lumbar laminectomy for herniated disc	17
	Musculoskeletal, Ortho - Coverage for the requested admission is denied - member does not meet criteria	18			