Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2024 to 06/30/2024

Inpatient Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Internal Medicine	7492
	Psychiatry	3985
	Family Practice	1519
	Surgery	795
	General Practice	640
	Emergency Medicine	557
	Obstetrics & Gynecology	450
	Acute Short Term Hospital	420
	Physical Medicine & Rehabilitation	292
	Surgery, Neurological	206

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	64
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	63
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	60
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	49
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	47
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	35
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	34
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	32
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	32
22614	ARTHRD PST TQ 1NTRSPC EA ADD	31

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F10.20	Alcohol dependence, uncomplicated	1484
F11.20	Opioid dependence, uncomplicated	507

Ambulatory Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Surgery, Orthopedic	1129
	Psychiatry	1102
	Otolaryngology	722
	Applied Behavioral Analysis	511
	Surgery	499
	Surgery, Neurological	481
	Internal Medicine	347
	Obstetrics & Gynecology	265
	Surgery, Plastic	264
	Family Practice	253

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
H2036	A/D TX PROGRAM, PER DIEM	1205
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	329
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	329
H0035	MH PARTIAL HOSP TX UNDER 24H	254
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	223
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	219
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	209
99417	PROLNG OP E/M EACH 15 MIN	167
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	145
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	144

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F10.20	Alcohol dependence, uncomplicated	650
F11.20	Opioid dependence, uncomplicated	286

F33.2	Major depressv disorder, recurrent severe w/o psych features	430	F84.0	AUTISTIC DISORDER	235
A41.9	Sepsis, unspecified organism	335	F33.2	Major depressv disorder, recurrent severe w/o psych features	151
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	293	M17.11	Unilateral primary osteoarthritis, right knee	125
I50.9	HEART FAILURE, UNSPECIFIED	285	F15.20	Other stimulant dependence, uncomplicated	111
R07.9	Chest pain, unspecified	283	Z80.3	Family history of malignant neoplasm of breast	110
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	276	M16.11	Unilateral primary osteoarthritis, right hip	100
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	255	F14.20	Cocaine dependence, uncomplicated	100
R10.9	Unspecified abdominal pain	221	N18.6	END STAGE RENAL DISEASE	93
	Top 10 Denial Reasons	**Total**		**Top 10 Denial Reasons**	**Total**
	ASAM Lev 3.7 Withdrawal Mgmt RTC Medical/Behavioral Health Monitoring -Adult/Adol	305		Network Adequacy Denial	144
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	246		Primary Total Knee Arthroplasty	54
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	225		Not Medically Necessary	39
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	220		Primary Total Hip Arthroplasty	35
	Neurology - Coverage for the requested admission is denied - member does not meet criteria	173		Endoscopic sinus surgery and balloon sinuplasty	34
	Cellulitis, Adult - Coverage for the requested admission is denied - member does not meet criteria	145		Lumbar laminectomy for herniated disc - (C)	33
	Heart Failure/ Congestive (CHF) - Coverage for the requested admission is denied - member does not meet criteria	137		Spine cages for cervical fusion	30
	Precert denial of requested post-surgical admission	136		Robotic Assistance - KNEE ARTHROPLASTY	28
	Substance Related withdrawal - Coverage for the requested admission is denied - member does not meet criteria	136		Cervical laminectomy/fusion - (A)	24
	Musculoskeletal, Ortho - Coverage for the requested admission is denied - member does not meet criteria	103		ASAM Level 2.5 (PHP) Medical/Behavioral Health Monitoring - Adult/Adol	19

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2024 to 06/30/2024

Inpatient Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Psychiatry	245
	Internal Medicine	231
	Hospitalist	154
	Pediatrics	126
	Anxiety Disorders	94
	Mood Disorders	83
	General Practice	74
	Neonatal-Perinatal Medicine	73
	Surgery	73
	Psychiatry, Child & Adolescent	72

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	35
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	35
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	28
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	27
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	23
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	21
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	18
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	15
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	14
22633	ARTHRD CMBN 1NTRSPC LUMBAR	14

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
A41.9	Sepsis, unspecified organism	83
R07.9	Chest pain, unspecified	67

Ambulatory Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Internal Medicine	233
	Surgery	222
	Obstetrics & Gynecology	194
	Psychiatry	157
	Gastroenterology	132
	Surgery, Orthopedic	122
	Otolaryngology	85
	Family Practice	74
	General Practice	69
	Endocrinology, Reproductive	66

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE	436
43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN	335
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	239
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	239
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	161
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	140
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	130
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	123
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	105
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	102

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
Z80.3	Family history of malignant neoplasm of breast	94
M17.12	Unilateral primary osteoarthritis, left knee	75

R10.9	Unspecified abdominal pain	63	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	71
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	58	M17.11	Unilateral primary osteoarthritis, right knee	66
F33.2	Major depressv disorder, recurrent severe w/o psych features	53	N20.0	CALCULUS OF KIDNEY	60
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	48	M16.11	Unilateral primary osteoarthritis, right hip	56
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	43	I87.2	Venous insufficiency (chronic) (peripheral)	53
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	41	K40.90	Unil inguinal hernia, w/o obst or gangr, not spcf as recur	53
I10	ESSENTIAL (PRIMARY) HYPERTENSION	36	M16.12	Unilateral primary osteoarthritis, left hip	51
Z34.90	Encntr for suprvsn of normal pregnancy, unsp, unsp trimester	36	N97.9	Female infertility, unspecified	51
	Top 10 Denial Reasons	**Total**		**Top 10 Denial Reasons**	**Total**
	Clinical Requested - Not Received - Admin Denial	327		Not a Covered Service	42
	Precert denial of requested post-surgical admission	54		Infertility: PGT-A (PGS)	37
	Other Coverage Primary/COB	38		Not Medically Necessary	31
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	35		Clinical Requested - Not Received - Admin Denial	28
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	21		Robotic Assistance - KNEE ARTHROPLASTY	26
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	20		Infertility: ICSI	24
	Neurology - Coverage for the requested admission is denied - member does not meet criteria	19		Delegated Entity Denial	22
	Coverage Terminated Prior to Service Dates	18		Network Adequacy Denial	20
	Failure to Precert Service Denial	16		Breast Reduction: Breast Tissue Removal based on Body Surface Area	20
	Inpatient Adm Late Notification - ACUTE ADM ONLY	16		Whole Exome Sequencing (WES)	16