Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2025 to 06/30/2025

Inpatient Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Internal Medicine	4106
	Psychiatry	2160
	Family Practice	937
	General Practice	437
	Surgery	428
	Obstetrics & Gynecology	326
	Emergency Medicine	273
	Physical Medicine & Rehabilitation	198
	Acute Short Term Hospital	163
	Surgery, Neurological	147

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	34
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	31
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	25
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	23
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, interpret	19
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	19
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	19
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	17
44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	16
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	15

	Top 10 Diagnosis Codes and Descriptions	Total

Ambulatory Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Psychiatry	927
	Surgery, Orthopedic	819
	Applied Behavioral Analysis	584
	Otolaryngology	407
	Surgery, Neurological	277
	Internal Medicine	257
	Surgery, Plastic	255
	Surgery	216
	Endocrinology, Reproductive	134
	Family Practice	130

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
H2036	A/D TX PROGRAM, PER DIEM	666
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	263
H0035	MH PARTIAL HOSP TX UNDER 24H	254
81432	HRDTRY BRST CA-RLATD DO 5+	205
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	202
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	202
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	202
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	202
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	145
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	115

	Top 10 Diagnosis Codes and Descriptions	Total

Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
F10.20	Alcohol dependence, uncomplicated	900	F10.20	Alcohol dependence, uncomplicated	445
F11.20	Opioid dependence, uncomplicated	315	F84.0	AUTISTIC DISORDER	271
F33.2	Major depressv disorder, recurrent severe w/o psych features	206	F11.20	Opioid dependence, uncomplicated	169
A41.9	Sepsis, unspecified organism	201	F33.2	Major depressv disorder, recurrent severe w/o psych features	148
R07.9	Chest pain, unspecified	182	M17.12	Unilateral primary osteoarthritis, left knee	101
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	165	M17.11	Unilateral primary osteoarthritis, right knee	97
I50.9	HEART FAILURE, UNSPECIFIED	160	I87.2	Venous insufficiency (chronic) (peripheral)	76
F10.239	Alcohol dependence with withdrawal, unspecified	152	M16.12	Unilateral primary osteoarthritis, left hip	63
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	146	N18.6	END STAGE RENAL DISEASE	62
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	133	M16.11	Unilateral primary osteoarthritis, right hip	59
	Top 10 Denial Reasons	**Total**		**Top 10 Denial Reasons**	**Total**
	ASAM Lev 3.7 Withdrawal Mgmt RTC Medical/Behavioral Health Monitoring -Adult/Adol	206		Network Adequacy Denial	124
	ASAM Lev 3.5 RTC no Medical Monitoring -Adult/Adol	194		ASAM Level 2.5 (PHP) Medical/Behavioral Health Monitoring - Adult/Adol	81
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	134		Primary Total Knee Arthroplasty - no PT	39
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	130		Not Medically Necessary	37
	Neurology, General - Coverage for the requested admission is denied - member does not meet criteria	128		Robotic Assistance - KNEE ARTHROPLASTY E/I	30
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	125		Lumbar laminectomy for herniated disc - (C)	26
	Heart Failure/ Congestive (CHF) - Coverage for the requested admission is denied - member does not meet criteria	110		Spine cages for cervical fusion	22
	Substance Related withdrawal - Coverage for the requested admission is denied - member does not meet criteria	101		Investigational/Experimental	22
	Precert denial of requested post-surgical admission	91		LOCUS PHP	20
	LOCUS RTC - Medically Monitored	90		Endoscopic sinus surgery and balloon sinuplasty	19

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2025 to 06/30/2025

Inpatient Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Psychiatry	202
	Internal Medicine	202
	Pediatrics	113
	Hospitalist	99
	Anxiety Disorders	85
	Surgery	68
	Mood Disorders	66
	Family Practice	65
	General Practice	61
	Addiction Psychiatry	60
	Obstetrics & Gynecology	60

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	32
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	26
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	25
22614	ARTHRD PST TQ 1NTRSPC EA ADD	22
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	20
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	18
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	17
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	17

Ambulatory Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Psychiatry	118
	Internal Medicine	115
	Obstetrics & Gynecology	88
	Surgery	87
	Surgery, Orthopedic	84
	Anxiety Disorders	69
	General Practice	51
	Family Practice	50
	Mood Disorders	48
	Obsessive-Compulsive Disorder	46

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
81432	HRDTRY BRST CA-RLATD DO 5+	231
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	202
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	173
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	171
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	170
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	155
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	151
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	121

63048	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; EACH ADDITIONAL VERTEBRAL SEGMENT, CERVICAL, THORACIC, OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	16	52000	CYSTOURETHROSCOPY	97
63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	16	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	87
Diagnosis code	**Top 10 Diagnosis Codes and Descriptions** **Diagnosis Code Description**	**Total**	**Diagnosis code**	**Top 10 Diagnosis Codes and Descriptions** **Diagnosis Code Description**	**Total**
F10.20	Alcohol dependence, uncomplicated	138	F84.0	AUTISTIC DISORDER	229
F33.2	Major depressv disorder, recurrent severe w/o psych features	85	M17.11	Unilateral primary osteoarthritis, right knee	94
A41.9	Sepsis, unspecified organism	83	Z80.3	Family history of malignant neoplasm of breast	89
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	57	F33.2	Major depressv disorder, recurrent severe w/o psych features	87
R10.9	Unspecified abdominal pain	55	M17.12	Unilateral primary osteoarthritis, left knee	68
R07.9	Chest pain, unspecified	51	N97.9	Female infertility, unspecified	68
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	50	M16.12	Unilateral primary osteoarthritis, left hip	64
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	48	I87.2	Venous insufficiency (chronic) (peripheral)	58
Z34.90	Encntr for suprvsn of normal pregnancy, unsp, unsp trimester	43	I83.893	Varicose veins of bi low extrem w oth complications	53
O80	Encounter for full-term uncomplicated delivery	42	J32.0	Chronic maxillary sinusitis	50
	Top 10 Denial Reasons	**Total**		**Top 10 Denial Reasons**	**Total**
	Precert denial of requested post-surgical admission	73		Not Medically Necessary	52
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	53		Infertility: PGT-A (PGS)	44
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	26		Lumbar laminectomy for herniated disc - (C)	41
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	25		Primary Total Knee Arthroplasty - no PT	34
	Neurology, General - Coverage for the requested admission is denied - member does not meet criteria	24		Breast Reduction: Breast Tissue Removal based on Body Surface Area	26
	IP denial for emergent OP procedure - no delay day - Coverage for the requested admission is denied - member does not meet criteria	21		Infertility: ICSI	25

	Gallbladder - Coverage for the requested admission is denied - member does not meet criteria	20		Network Adequacy Denial	23
	Atrial Fibrillation - Coverage for the requested admission is denied - member does not meet criteria	18		FAI (femoro-acetabular) hip impingement surg, no age criteria	22
	Lumbar spinal fusion - spinal stenosis	18		Spine cages for cervical fusion	19
	ASAM Lev 3.7 Withdrawal Management RTC Medical/Behavioral Health Monitoring -Adult/Adol	17		Investigational/Experimental	17
				Robotic Assistance - KNEE ARTHROPLASTY E/I	17