## Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2026 to 06/30/2026

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

| | Top 10 Provider/Facility Types | Total |
|---|---|---|
| | Internal Medicine | 135 |
| | Family Practice | 23 |
| | Obstetrics & Gynecology | 21 |
| | Psychiatry | 15 |
| | Surgery | 15 |
| | Emergency Medicine | 11 |
| | General Practice | 9 |
| | Pediatrics | 8 |
| | Physical Medicine & Rehabilitation | 4 |
| | Pulmonary Disease | 4 |

| Procedure Code | Top 10 Procedure Codes and Descriptions<br>Procedure Code Description | Total |
|---|---|---|
| 49000 | EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX | 2 |
| 22853 | INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD | 2 |
| 22845 | ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS | 2 |
| 20936 | AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION | 2 |
| 22551 | ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2 | 2 |
| 20930 | ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED | 2 |

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

| | Top 10 Provider/Facility Types | Total |
|---|---|---|
| | Applied Behavioral Analysis | 35 |
| | Surgery, Orthopedic | 24 |
| | Otolaryngology | 21 |
| | Endocrinology, Reproductive | 12 |
| | Surgery, Plastic | 12 |
| | Surgery | 11 |
| | Obstetrics & Gynecology | 10 |
| | Psychiatry | 9 |
| | Surgery, Neurological | 8 |
| | Internal Medicine | 7 |

| Procedure Code | Top 10 Procedure Codes and Descriptions<br>Procedure Code Description | Total |
|---|---|---|
| 97151 | BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN | 49 |
| 97153 | ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN | 40 |
| 97155 | ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN | 40 |
| 97156 | FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN | 39 |
| 31295 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa | 15 |
| 31298 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia | 12 |

| | | | | | |
|---|---|---|---|---|---|
| 44346 | REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX | 2 | 30140 | SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL | 11 |
| 49621 | RPR PARASTOMAL HERNIA RDC | 2 | 89253 | ASSTD EMBRYO HATCHING MICROTQS ANY METH | 10 |
| 36252 | SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL | 1 | 27447 | ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS | 10 |
| 38724 | CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ | 1 | 30520 | SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF | 9 |
| 22840 | POSTERIOR NON-SEGMENTAL INSTRUMENTATION | 1 | 36475 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN | 9 |
| 22612 | ARTHRD PST TQ 1NTRSPC LUMBAR | 1 | 31254 | NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY PARTIAL | 9 |
| 99223 | 1ST HOSP IP/OBS HIGH 75 | 1 | 58974 | EMBRYO TRANSFER INTRAUTERINE | 9 |
| 38241 | TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR | 1 | 89255 | PREPJ EMBRYO TR | 9 |
| 76937 | US VASC ACCESS SITS VSL PATENCY NDL ENTRY | 1 | | | |
| 37215 | TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ | 1 | | | |
| 61781 | STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL | 1 | | | |
| 62165 | NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID | 1 | | | |
| 58661 | LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES | 1 | | | |
| 44625 | CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT | 1 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 95724 | or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG) | 1 | | | | |
| 51570 | CYSTECTOMY COMPLETE SEPARATE PROCEDURE | 1 | | | | |
| 51596 | CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR | 1 | | | | |
| 55869 | LAP SRG PRST8CT BI PL LMPHAD | 1 | | | | |
| 45330 | SIGMOIDOSCOPY FLX DX W/WO COLLJ SPECIMENS | 1 | | | | |
| 44207 | LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST | 1 | | | | |
| 45110 | PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST | 1 | | | | |
| 61516 | CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR | 1 | | | | |
| 39545 | IMBRICATION DIAPHRAGM EVENTRATION | 1 | | | | |
| 27132 | CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT | 1 | | | | |
| 50545 | LAPAROSCOPY RADICAL NEPHRECTOMY | 1 | | | | |
| 50230 | NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD | 1 | | | | |
| 50546 | LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT | 1 | | | | |
| 33863 | AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT | 1 | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 39220 | RESECTION MEDIASTINAL TUMOR | 1 | | | |
| 43633 | GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ | 1 | | | |
| 43659 | UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 1 | | | |
| 38900 | INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION | 1 | | | |
| 38790 | INJECTION PROCEDURE LYMPHANGIOGRAPHY | 1 | | | |
| 19364 | BRST RCNSTJ FREE FLAP | 1 | | | |
| 14302 | ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM/< | 1 | | | |
| 19318 | BREAST REDUCTION | 1 | | | |
| 14301 | ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM | 1 | | | |

| **Top 10 Diagnosis Codes and Descriptions** | | **Total** | **Top 10 Diagnosis Codes and Descriptions** | | **Total** |
|---|---|---|---|---|---|
| **Diagnosis code** | **Diagnosis Code Description** | | **Diagnosis code** | **Diagnosis Code Description** | |
| R07.9 | Chest pain, unspecified | 8 | F84.0 | AUTISTIC DISORDER | 51 |
| F10.20 | Alcohol dependence, uncomplicated | 7 | J32.0 | Chronic maxillary sinusitis | 15 |
| A41.9 | Sepsis, unspecified organism | 6 | Z31.83 | Encounter for assisted reprodctv fertility procedure cycle | 13 |
| Z34.90 | Encntr for suprvsn of normal pregnancy, unsp, unsp trimester | 6 | F10.20 | Alcohol dependence, uncomplicated | 9 |
| D57.00 | Hb-SS disease with crisis, unspecified | 6 | I48.0 | Paroxysmal atrial fibrillation | 6 |
| I26.99 | OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE | 5 | Z80.3 | Family history of malignant neoplasm of breast | 6 |
| F33.2 | Major depressv disorder, recurrent severe w/o psych features | 5 | I83.893 | Varicose veins of bi low extrem w oth complications | 5 |

| | | | | | |
|---|---|---|---|---|---|
| I63.9 | CEREBRAL INFARCTION, UNSPECIFIED | 5 | M17.12 | Unilateral primary osteoarthritis, left knee | 5 |
| R10.9 | Unspecified abdominal pain | 5 | F33.2 | Major depressv disorder, recurrent severe w/o psych features | 4 |
| N17.9 | ACUTE KIDNEY FAILURE, UNSPECIFIED | 4 | M17.11 | Unilateral primary osteoarthritis, right knee | 4 |
| K52.9 | Noninfective gastroenteritis and colitis, unspecified | 4 | | | |
| K92.2 | Gastrointestinal hemorrhage, unspecified | 4 | | | |
| K56.609 | Unsp intestnl obst, unsp as to partial versus complete obst | 4 | | | |

| | Top 10 Denial Reasons | Total | | Top 10 Denial Reasons | Total |
|---|---|---|---|---|---|
| | Neurology, General - ADM - Coverage for the requested admission is denied - member does not meet criteria | 5 | | Behavioral Health ABA - Treatment Hours | 7 |
| | Precert denial of requested post-surgical admission | 5 | | Endoscopic sinus surgery and balloon sinuplasty | 6 |
| | Sickle Cell Crisis - ADM - Coverage for the requested admission is denied - member does not meet criteria | 5 | | Robotic Assistance - KNEE ARTHROPLASTY E/I | 6 |
| | Chest Pain (not angina) - ADM - Coverage for the requested admission is denied - member does not meet criteria | 4 | | Not Medically Necessary | 5 |
| | Post Procedure - ADM - Coverage for the requested admission is denied - member does not meet criteria | 4 | | Infertility: PGT-A (PGS) | 4 |
| | Gastroenterology - ADM - Coverage for the requested admission is denied - member does not meet criteria | 4 | | Network Adequacy Denial | 2 |
| | Seizures, Adult - Adm - Coverage for the requested admission is denied - member does not meet criteria | 3 | | Implanted Loop Recorder | 2 |
| | Hypertension, Adult - ADM - Coverage for the requested admission is denied - member does not meet criteria | 2 | | Spine cages for cervical fusion | 2 |
| | Intestinal Obstruction - ADM - Coverage for the requested admission is denied - member does not meet criteria | 2 | | Shoulder, Total replacement surgery - no PT | 2 |

| | | | | | |
|---|---|---|---|---|---|
| | Pneumonia - ADM - Coverage for the requested admission is denied - member does not meet criteria | 2 | | Panniculectomy Panniculus and Intertrigo | 2 |
| | Vomiting - ADM - Coverage for the requested admission is denied - member does not meet criteria | 2 | | Cosmetic Surgery | 2 |
| | Drug Ingestion or Overdose - ADM - Coverage for the requested admission is denied - member does not meet criteria | 2 | | | |
| | Atrial Fibrillation - ADM - Coverage for the requested admission is denied - member does not meet criteria | 2 | | | |
| | Spine cages for cervical fusion | 2 | | | |
| | Abdominal Pain - ADM - Coverage for the requested admission is denied - member does not meet criteria | 2 | | | |
| | Musculoskeletal, Ortho - ADM - Coverage for the requested admission is denied - member does not meet criteria | 2 | | | |

## Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2026 to 06/30/2026

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

| | Top 10 Provider/Facility Types | Total |
|---|---|---|
| | Internal Medicine | 1238 |
| | Obstetrics & Gynecology | 338 |
| | Psychiatry | 308 |
| | Surgery | 223 |
| | Family Practice | 211 |
| | Pediatrics | 144 |
| | General Practice | 111 |
| | Surgery, Orthopedic | 87 |
| | Emergency Medicine | 84 |
| | Surgery, Neurological | 72 |

| Procedure Code | Top 10 Procedure Codes and Descriptions<br>Procedure Code Description | Total |
|---|---|---|
| 22853 | INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD | 33 |
| 44204 | LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS | 20 |
| 20930 | ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED | 20 |
| 20936 | AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION | 18 |
| 95720 | 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, interpretation and report after each 24-hour period with video | 16 |
| 22612 | ARTHRD PST TQ 1NTRSPC LUMBAR | 15 |
| 44207 | LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST | 15 |
| 22558 | ARTHRODESIS ANTERIOR INTERBODY LUMBAR | 15 |
| 22840 | POSTERIOR NON-SEGMENTAL INSTRUMENTATION | 14 |
| 61781 | STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL | 14 |

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

| | Top 10 Provider/Facility Types | Total |
|---|---|---|
| | Surgery, Orthopedic | 399 |
| | Otolaryngology | 190 |
| | Applied Behavioral Analysis | 189 |
| | Psychiatry | 145 |
| | Surgery | 131 |
| | Surgery, Plastic | 113 |
| | Obstetrics & Gynecology | 107 |
| | Surgery, Neurological | 92 |
| | Internal Medicine | 62 |
| | Cardiovascular Disease | 57 |

| Procedure Code | Top 10 Procedure Codes and Descriptions<br>Procedure Code Description | Total |
|---|---|---|
| 97151 | BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN | 262 |
| 97153 | ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN | 188 |
| 97156 | FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN | 186 |
| 97155 | ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN | 183 |
| 36475 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN | 151 |
| 81432 | HRDTRY BRST CA-RLATD DO 5+ | 142 |
| 27130 | ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT | 125 |
| 27447 | ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS | 107 |
| 30140 | SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL | 83 |
| 30520 | SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF | 83 |

| | | | | | |
|---|---|---|---|---|---|
| 22633 | ARTHRD CMBN 1NTRSPC LUMBAR | 14 | | | |
| 22614 | ARTHRD PST TQ 1NTRSPC EA ADD | 14 | | | |
| **Diagnosis code** | **Top 10 Diagnosis Codes and Descriptions**<br>**Diagnosis Code Description** | **Total** | **Diagnosis code** | **Top 10 Diagnosis Codes and Descriptions**<br>**Diagnosis Code Description** | **Total** |
| F10.20 | Alcohol dependence, uncomplicated | 132 | F84.0 | AUTISTIC DISORDER | 276 |
| F33.2 | Major depressv disorder, recurrent severe w/o psych features | 83 | F33.2 | Major depressv disorder, recurrent severe w/o psych features | 88 |
| Z34.90 | Encntr for suprvsn of normal pregnancy, unsp, unsp trimester | 70 | J32.0 | Chronic maxillary sinusitis | 64 |
| A41.9 | Sepsis, unspecified organism | 63 | Z80.3 | Family history of malignant neoplasm of breast | 61 |
| O80 | Encounter for full-term uncomplicated delivery | 45 | M17.11 | Unilateral primary osteoarthritis, right knee | 60 |
| K56.609 | Unsp intestnl obst, unsp as to partial versus complete obst | 45 | M16.11 | Unilateral primary osteoarthritis, right hip | 59 |
| R10.9 | Unspecified abdominal pain | 42 | I87.2 | Venous insufficiency (chronic) (peripheral) | 51 |
| J18.9 | PNEUMONIA, UNSPECIFIED ORGANISM | 41 | I83.893 | Varicose veins of bi low extrem w oth complications | 50 |
| R07.9 | Chest pain, unspecified | 40 | M16.12 | Unilateral primary osteoarthritis, left hip | 49 |
| I63.9 | CEREBRAL INFARCTION, UNSPECIFIED | 39 | F10.20 | Alcohol dependence, uncomplicated | 45 |
| | **Top 10 Denial Reasons** | **Total** | | **Top 10 Denial Reasons** | **Total** |
| | Precert denial of requested post-surgical admission | 78 | | Not Medically Necessary | 118 |
| | Post Procedure - ADM - Coverage for the requested admission is denied - member does not meet criteria | 52 | | Spine cages for cervical fusion | 36 |
| | Chest Pain - ADM - Coverage for the requested admission is denied - member does not meet criteria | 31 | | Endoscopic sinus surgery and balloon sinuplasty | 30 |
| | Not Medically Necessary | 28 | | Investigational/Experimental | 23 |
| | Gallbladder - ADM - Coverage for the requested admission is denied - member does not meet criteria | 27 | | Robotic Assistance - KNEE ARTHROPLASTY E/I | 22 |
| | Inpatient denial for emergent Outpatient procedure - ADM no delay day | 27 | | Primary Total Hip Arthroplasty - no PT | 20 |
| | Neurology, General - ADM - Coverage for the requested admission is denied - member does not meet criteria | 26 | | Primary Total Knee Arthroplasty - no PT | 17 |
| | Abdominal Pain - ADM - Coverage for the requested admission is denied - member does not meet criteria | 22 | | Whole Exome or Genome Sequencing (WES/WGS) | 16 |
| | Atrial Fibrillation - ADM - Coverage for the requested admission is denied - member does not meet criteria | 20 | | Network Adequacy Denial | 15 |

| | | | | | |
|---|---|---|---|---|---|
| | Musculoskeletal, Ortho - ADM - Coverage for the requested admission is denied - member does not meet criteria | 18 | | Breast Reduction: Breast Tissue Removal based on Body Surface Area | 15 |