Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2024 to 09/30/2024

Inpatient Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Internal Medicine	8512
	Psychiatry	4348
	Family Practice	1846
	Surgery	889
	General Practice	804
	Emergency Medicine	636
	Obstetrics & Gynecology	592
	Acute Short Term Hospital	518
	Physical Medicine & Rehabilitation	365
	Surgery, Orthopedic	225

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	71
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	62
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	57
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	44
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	42
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	36
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	36
22614	ARTHRD PST TQ 1NTRSPC EA ADD	35
61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	34
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	29

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F10.20	Alcohol dependence, uncomplicated	1517
F11.20	Opioid dependence, uncomplicated	601

Ambulatory Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Surgery, Orthopedic	1241
	Psychiatry	1123
	Otolaryngology	716
	Applied Behavioral Analysis	645
	Surgery, Neurological	511
	Surgery	418
	Internal Medicine	369
	Family Practice	301
	Surgery, Plastic	301
	Surgery, General Vascular	214

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
H2036	A/D TX PROGRAM, PER DIEM	1184
H0035	MH PARTIAL HOSP TX UNDER 24H	317
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	298
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	292
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	288
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	288
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	219
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	209
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	207
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	204

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F10.20	Alcohol dependence, uncomplicated	606
F84.0	AUTISTIC DISORDER	304

F33.2	Major depressv disorder, recurrent severe w/o psych features	505	F11.20	Opioid dependence, uncomplicated	279
A41.9	Sepsis, unspecified organism	420	F33.2	Major depressv disorder, recurrent severe w/o psych features	157
R07.9	Chest pain, unspecified	348	M17.11	Unilateral primary osteoarthritis, right knee	155
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	320	F15.20	Other stimulant dependence, uncomplicated	139
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	301	Z80.3	Family history of malignant neoplasm of breast	128
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	283	F14.20	Cocaine dependence, uncomplicated	123
I50.9	HEART FAILURE, UNSPECIFIED	262	M17.12	Unilateral primary osteoarthritis, left knee	122
R10.9	Unspecified abdominal pain	258	N18.6	END STAGE RENAL DISEASE	113
	Top 10 Denial Reasons	**Total**		**Top 10 Denial Reasons**	**Total**
	ASAM Lev 3.7 Withdrawal Mgmt RTC Medical/Behavioral Health Monitoring -Adult/Adol	319		Network Adequacy Denial	183
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	274		Primary Total Knee Arthroplasty	76
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	235		Not Medically Necessary	76
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	221		Lumbar laminectomy for herniated disc - (C)	44
	Cellulitis, Adult - Coverage for the requested admission is denied - member does not meet criteria	209		Primary Total Hip Arthroplasty	42
	Neurology - Coverage for the requested admission is denied - member does not meet criteria	171		Spine cages for cervical fusion	39
	Substance Related withdrawal - Coverage for the requested admission is denied - member does not meet criteria	169		Robotic Assistance - KNEE ARTHROPLASTY E/I	29
	Precert denial of requested post-surgical admission	163		Cervical laminectomy/fusion - (A)	24
	ASAM Lev 3.5 RTC no Medical Monitoring -Adult/Adol	157		Behavioral Health ABA - Treatment Hours	23
	Musculoskeletal, Ortho - Coverage for the requested admission is denied - member does not meet criteria	146		Endoscopic sinus surgery and balloon sinuplasty	23

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2024 to 09/30/2024

Inpatient Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Psychiatry	242
	Internal Medicine	175
	Hospitalist	128
	Pediatrics	99
	Anxiety Disorders	93
	Surgery	78
	Mood Disorders	76
	Family Practice	75
	General Practice	70
	Neonatal-Perinatal Medicine	64

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	47
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	36
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	30
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	25
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	25
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	23
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	20
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	20
22614	ARTHRD PST TQ 1NTRSPC EA ADD	19
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	19

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
A41.9	Sepsis, unspecified organism	80
R07.9	Chest pain, unspecified	73

Ambulatory Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Internal Medicine	228
	Surgery	156
	Psychiatry	150
	Surgery, Orthopedic	141
	Obstetrics & Gynecology	94
	Family Practice	93
	Radiology, Diagnostic	76
	General Practice	70
	Radiology	68
	Cardiovascular Disease	67

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	231
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	228
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	177
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	176
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	120
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	104
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	103
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	102
52000	CYSTOURETHROSCOPY	91
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	77

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
Z80.3	Family history of malignant neoplasm of breast	112
M17.11	Unilateral primary osteoarthritis, right knee	81

Z34.90	Encntr for suprvsn of normal pregnancy, unsp, unsp trimester	63	I83.893	Varicose veins of bi low extrem w oth complications	76
R10.9	Unspecified abdominal pain	62	I87.2	Venous insufficiency (chronic) (peripheral)	73
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	60	M17.12	Unilateral primary osteoarthritis, left knee	67
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	60	M16.11	Unilateral primary osteoarthritis, right hip	54
O80	Encounter for full-term uncomplicated delivery	49	J32.0	Chronic maxillary sinusitis	48
F33.2	Major depressv disorder, recurrent severe w/o psych features	47	N97.9	Female infertility, unspecified	45
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	43	M16.12	Unilateral primary osteoarthritis, left hip	39
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	40	J34.2	Deviated nasal septum	37
	Top 10 Denial Reasons	**Total**		**Top 10 Denial Reasons**	**Total**
	Clinical Requested - Not Received - Admin Denial	312		Not Medically Necessary	46
	Precert denial of requested post-surgical admission	73		Delegated Entity Denial	34
	Other Coverage Primary/COB	45		Not a Covered Service	32
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	35		Infertility: PGT-A (PGS)	28
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	25		Robotic Assistance - KNEE ARTHROPLASTY E/I	21
	Inpatient Adm Late Notification - ACUTE ADM ONLY	23		Primary Total Knee Arthroplasty	21
	IP Admit Denial Due to Procedure Denial	20		Network Adequacy Denial	21
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	20		Investigational/Experimental	21
	ASAM Lev 3.7 Withdrawal Management RTC Medical/Behavioral Health Monitoring -Adult/Adol	18		Infertility: ICSI	19
	Neurology - Coverage for the requested admission is denied - member does not meet criteria	17		Breast Reduction: Breast Tissue Removal based on Body Surface Area	18