## Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2025 to 09/30/2025

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

| | Top 10 Provider/Facility Types | Total |
|---|---|---|
| | Internal Medicine | 3600 |
| | Psychiatry | 1807 |
| | Family Practice | 850 |
| | General Practice | 360 |
| | Surgery | 348 |
| | Obstetrics & Gynecology | 342 |
| | Emergency Medicine | 210 |
| | Acute Short Term Hospital | 196 |
| | Physical Medicine & Rehabilitation | 190 |
| | Surgery, Neurological | 130 |

| Procedure Code | Top 10 Procedure Codes and Descriptions<br>Procedure Code Description | Total |
|---|---|---|
| 58150 | TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 34 |
| 22853 | INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD | 29 |
| 44204 | LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS | 23 |
| 20930 | ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED | 22 |
| 20936 | AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION | 21 |
| 69990 | MICROSURG TQS REQ USE OPERATING MICROSCOPE | 20 |
| 44207 | LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST | 18 |
| 61781 | STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL | 16 |
| 61783 | STEREOTACTIC COMPUTER ASSISTED PX SPINAL | 15 |
| 22558 | ARTHRODESIS ANTERIOR INTERBODY LUMBAR | 15 |

| Diagnosis code | Top 10 Diagnosis Codes and Descriptions<br>Diagnosis Code Description | Total |
|---|---|---|
| F10.20 | Alcohol dependence, uncomplicated | 766 |
| F11.20 | Opioid dependence, uncomplicated | 244 |

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

| | Top 10 Provider/Facility Types | Total |
|---|---|---|
| | Psychiatry | 590 |
| | Surgery, Orthopedic | 484 |
| | Applied Behavioral Analysis | 172 |
| | Surgery | 163 |
| | Otolaryngology | 125 |
| | Internal Medicine | 108 |
| | Surgery, Plastic | 104 |
| | Obstetrics & Gynecology | 91 |
| | Surgery, Neurological | 90 |
| | Family Practice | 71 |

| Procedure Code | Top 10 Procedure Codes and Descriptions<br>Procedure Code Description | Total |
|---|---|---|
| 97151 | BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN | 255 |
| 97156 | FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN | 214 |
| 97155 | ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN | 212 |
| 97153 | ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN | 211 |
| 81432 | HRDTRY BRST CA-RLATD DO 5+ | 189 |
| 27447 | ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS | 172 |
| 27130 | ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT | 148 |
| 36475 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN | 124 |
| 90868 | THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG | 109 |
| 99417 | PROLNG OP E/M EACH 15 MIN | 108 |

| Diagnosis code | Top 10 Diagnosis Codes and Descriptions<br>Diagnosis Code Description | Total |
|---|---|---|
| F10.20 | Alcohol dependence, uncomplicated | 360 |
| F84.0 | AUTISTIC DISORDER | 269 |

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|---|---|---|---|---|---|
| A41.9 | Sepsis, unspecified organism | 185 | F33.2 | Major depressv disorder, recurrent severe w/o psych features | 143 |
| F33.2 | Major depressv disorder, recurrent severe w/o psych features | 174 | F11.20 | Opioid dependence, uncomplicated | 113 |
| R07.9 | Chest pain, unspecified | 155 | M17.11 | Unilateral primary osteoarthritis, right knee | 86 |
| N17.9 | ACUTE KIDNEY FAILURE, UNSPECIFIED | 127 | M17.12 | Unilateral primary osteoarthritis, left knee | 81 |
| F10.239 | Alcohol dependence with withdrawal, unspecified | 125 | M16.12 | Unilateral primary osteoarthritis, left hip | 71 |
| R10.9 | Unspecified abdominal pain | 120 | I87.2 | Venous insufficiency (chronic) (peripheral) | 67 |
| I63.9 | CEREBRAL INFARCTION, UNSPECIFIED | 117 | N18.6 | END STAGE RENAL DISEASE | 66 |
| I50.9 | HEART FAILURE, UNSPECIFIED | 109 | Z80.3 | Family history of malignant neoplasm of breast | 65 |
| | **Top 10 Denial Reasons** | **Total** | | **Top 10 Denial Reasons** | **Total** |
| | ASAM Lev 3.7 Withdrawal Mgmt RTC Medical/Behavioral Health Monitoring -Adult/Adol | 137 | | Network Adequacy Denial | 126 |
| | ASAM Lev 3.5 RTC no Medical Monitoring -Adult/Adol | 137 | | MUST CUSTOMIZE - Not Medically Necessary | 57 |
| | Post Procedure - Coverage for the requested admission is denied - member does not meet criteria | 121 | | ASAM Level 2.5 (PHP) Medical/Behavioral Health Monitoring - Adult/Adol | 47 |
| | Chest Pain - Coverage for the requested admission is denied - member does not meet criteria | 113 | | Lumbar laminectomy for herniated disc - (C) | 34 |
| | Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria | 101 | | Primary Total Knee Arthroplasty - no PT | 34 |
| | Neurology, General - Coverage for the requested admission is denied - member does not meet criteria | 89 | | Endoscopic sinus surgery and balloon sinuplasty | 29 |
| | Precert denial of requested post-surgical admission | 89 | | Robotic Assistance - KNEE ARTHROPLASTY E/I | 28 |
| | Substance Related withdrawal - Coverage for the requested admission is denied - member does not meet criteria | 83 | | Spinal Cord Stimulator - TRIAL | 27 |
| | LOCUS RTC - Medically Monitored | 74 | | Primary Total Hip Arthroplasty - no PT | 24 |
| | Systemic or Infectious Condition - Coverage for the requested admission is denied - member does not meet criteria | 73 | | Spine cages for cervical fusion | 20 |

## Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2025 to 09/30/2025

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

| | Top 10 Provider/Facility Types | Total |
|---|---|---|
| | Internal Medicine | 1329 |
| | Obstetrics & Gynecology | 339 |
| | Psychiatry | 320 |
| | Surgery | 237 |
| | Family Practice | 207 |
| | Pediatrics | 140 |
| | Emergency Medicine | 110 |
| | General Practice | 100 |
| | Surgery, Neurological | 87 |
| | Surgery, Orthopedic | 86 |

| Procedure Code | Top 10 Procedure Codes and Descriptions<br>Procedure Code Description | Total |
|---|---|---|
| 22853 | INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD | 35 |
| 20930 | ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED | 23 |
| 22558 | ARTHRODESIS ANTERIOR INTERBODY LUMBAR | 23 |
| 58150 | TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 19 |
| 69990 | MICROSURG TQS REQ USE OPERATING MICROSCOPE | 17 |
| 22840 | POSTERIOR NON-SEGMENTAL INSTRUMENTATION | 17 |
| 20936 | AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION | 16 |
| 22612 | ARTHRD PST TQ 1NTRSPC LUMBAR | 16 |
| 61783 | STEREOTACTIC COMPUTER ASSISTED PX SPINAL | 15 |
| 22614 | ARTHRD PST TQ 1NTRSPC EA ADD | 15 |

| Diagnosis code | Top 10 Diagnosis Codes and Descriptions<br>Diagnosis Code Description | Total |
|---|---|---|
| F10.20 | Alcohol dependence, uncomplicated | 142 |
| A41.9 | Sepsis, unspecified organism | 83 |

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

| | Top 10 Provider/Facility Types | Total |
|---|---|---|
| | Surgery, Orthopedic | 376 |
| | Surgery | 167 |
| | Otolaryngology | 165 |
| | Obstetrics & Gynecology | 154 |
| | Surgery, Plastic | 127 |
| | Psychiatry | 126 |
| | Applied Behavioral Analysis | 120 |
| | Endocrinology, Reproductive | 103 |
| | Surgery, Neurological | 68 |
| | Surgery, General Vascular | 67 |

| Procedure Code | Top 10 Procedure Codes and Descriptions<br>Procedure Code Description | Total |
|---|---|---|
| 97151 | BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN | 184 |
| 36475 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN | 183 |
| 81432 | HRDTRY BRST CA-RLATD DO 5+ | 176 |
| 97156 | FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN | 136 |
| 97155 | ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN | 134 |
| 97153 | ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN | 132 |
| 27447 | ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS | 123 |
| 27130 | ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT | 107 |
| 52000 | CYSTOURETHROSCOPY | 86 |
| 30140 | SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL | 82 |

| Diagnosis code | Top 10 Diagnosis Codes and Descriptions<br>Diagnosis Code Description | Total |
|---|---|---|
| F84.0 | AUTISTIC DISORDER | 195 |
| M17.11 | Unilateral primary osteoarthritis, right knee | 81 |

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|---|---|---|---|---|---|
| F33.2 | Major depressv disorder, recurrent severe w/o psych features | 73 | I87.2 | Venous insufficiency (chronic) (peripheral) | 80 |
| O80 | Encounter for full-term uncomplicated delivery | 53 | F33.2 | Major depressv disorder, recurrent severe w/o psych features | 76 |
| I21.4 | Non-ST elevation (NSTEMI) myocardial infarction | 45 | Z80.3 | Family history of malignant neoplasm of breast | 75 |
| Z34.90 | Encntr for suprvsn of normal pregnancy, unsp, unsp trimester | 45 | I83.893 | Varicose veins of bi low extrem w oth complications | 58 |
| R10.9 | Unspecified abdominal pain | 44 | N97.9 | Female infertility, unspecified | 56 |
| K56.609 | Unsp intestnl obst, unsp as to partial versus complete obst | 42 | Z31.83 | Encounter for assisted reprodctv fertility procedure cycle | 56 |
| N17.9 | ACUTE KIDNEY FAILURE, UNSPECIFIED | 41 | M17.12 | Unilateral primary osteoarthritis, left knee | 52 |
| J18.9 | PNEUMONIA, UNSPECIFIED ORGANISM | 40 | M16.12 | Unilateral primary osteoarthritis, left hip | 50 |
| | **Top 10 Denial Reasons** | **Total** | | **Top 10 Denial Reasons** | **Total** |
| | Precert denial of requested post-surgical admission | 85 | | Not Medically Necessary | 72 |
| | Post Procedure - Coverage for the requested admission is denied - member does not meet criteria | 58 | | Infertility: PGT-A (PGS) | 31 |
| | Gallbladder - Coverage for the requested admission is denied - member does not meet criteria | 30 | | Primary Total Knee Arthroplasty - no PT | 26 |
| | IP denial for emergent OP procedure - Coverage for the requested admission is denied - member does not meet criteria | 28 | | Endoscopic sinus surgery and balloon sinuplasty | 25 |
| | Systemic or Infectious Condition - Coverage for the requested admission is denied - member does not meet criteria | 25 | | Infertility: AH | 25 |
| | Not Medically Necessary | 24 | | Lumbar laminectomy for herniated disc - (C) | 24 |
| | Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria | 21 | | Network Adequacy Denial | 17 |
| | Neurology, General - Coverage for the requested admission is denied - member does not meet criteria | 21 | | Primary Total Hip Arthroplasty - no PT | 17 |
| | Musculoskeletal, Ortho - Coverage for the requested admission is denied - member does not meet criteria | 18 | | FAI (femoro-acetabular) hip impingement surg, no age criteria | 17 |
| | Chest Pain - Coverage for the requested admission is denied - member does not meet criteria | 17 | | Breast Reduction: Breast Tissue Removal based on Body Surface Area | 14 |