Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 10/01/2024 to 12/31/2024

Inpatient Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Internal Medicine	8889
	Psychiatry	4318
	Family Practice	1901
	General Practice	869
	Surgery	801
	Obstetrics & Gynecology	598
	Acute Short Term Hospital	491
	Emergency Medicine	481
	Physical Medicine & Rehabilitation	361
	Pulmonary Disease	241

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	90
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	77
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	76
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	56
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	54
61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	51
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	50
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	43
22614	ARTHRD PST TQ 1NTRSPC EA ADD	43
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	41

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F10.20	Alcohol dependence, uncomplicated	2314
F11.20	Opioid dependence, uncomplicated	901

Ambulatory Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Psychiatry	1150
	Internal Medicine	773
	Anxiety Disorders	683
	Attention Deficit Disorder	436
	Post-Traumatic Stress Disorder	397
	Obsessive-Compulsive Disorder	389
	Addiction Psychiatry	370
	Mood Disorders	358
	Cognitive Behavioral Therapy	333
	Addictions Specialist	295

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	458
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	452
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	430
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	382
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	370
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	365
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	365
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	302
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	239
99417	PROLNG OP E/M EACH 15 MIN	222

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F10.20	Alcohol dependence, uncomplicated	917
F84.0	AUTISTIC DISORDER	443

F33.2	Major depressv disorder, recurrent severe w/o psych features	709	F11.20	Opioid dependence, uncomplicated	380
A41.9	Sepsis, unspecified organism	684	F33.2	Major depressv disorder, recurrent severe w/o psych features	244
R07.9	Chest pain, unspecified	515	M17.11	Unilateral primary osteoarthritis, right knee	225
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	483	Z80.3	Family history of malignant neoplasm of breast	197
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	470	F15.20	Other stimulant dependence, uncomplicated	188
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	395	F14.20	Cocaine dependence, uncomplicated	176
I50.9	HEART FAILURE, UNSPECIFIED	392	N18.6	END STAGE RENAL DISEASE	166
R10.9	Unspecified abdominal pain	348	I87.2	Venous insufficiency (chronic) (peripheral)	158
	Top 10 Denial Reasons	**Total**		**Top 10 Denial Reasons**	**Total**
	ASAM Lev 3.7 Withdrawal Mgmt RTC Medical/Behavioral Health Monitoring -Adult/Adol	370		Network Adequacy Denial	144
	ASAM Lev 3.5 RTC no Medical Monitoring -Adult/Adol	301		ASAM Level 2.5 (PHP) Medical/Behavioral Health Monitoring - Adult/Adol	89
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	281		Primary Total Knee Arthroplasty	69
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	267		Not Medically Necessary	63
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	238		Lumbar laminectomy for herniated disc - (C)	44
	Heart Failure/ Congestive (CHF) - Coverage for the requested admission is denied - member does not meet criteria	182		Primary Total Hip Arthroplasty	36
	Cellulitis, Adult - Coverage for the requested admission is denied - member does not meet criteria	179		Robotic Assistance - KNEE ARTHROPLASTY E/I	36
	Substance Related withdrawal - Coverage for the requested admission is denied - member does not meet criteria	159		Spine cages for cervical fusion	34
	Musculoskeletal, Ortho - Coverage for the requested admission is denied - member does not meet criteria	153		Cervical laminectomy/fusion - (A)	30
	Urinary Tract Infec (UTI)/ Pyelonephritis Adult - Coverage for the requested admission is denied - member does not meet criteria	134		Behavioral Health ABA - Treatment Hours	19

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 10/01/2024 to 12/31/2024

Inpatient Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Psychiatry	230
	Internal Medicine	136
	Pediatrics	102
	Anxiety Disorders	101
	Hospitalist	98
	Mood Disorders	79
	Psychiatry, Child & Adolescent	76
	Psychotic Disorders	63
	Surgery	59
	General Practice	56
	Psychiatry, Geriatric	56

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	41
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	31
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	25
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	20
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	20
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	19
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	18
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	16
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	16
22614	ARTHRD PST TQ 1NTRSPC EA ADD	13
22633	ARTHRD CMBN 1NTRSPC LUMBAR	13

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total

Ambulatory Medical and Non-Medical Approvals and Denials

	Top 10 Provider/Facility Types	Total
	Psychiatry	109
	Internal Medicine	90
	Surgery	89
	Surgery, Orthopedic	61
	Obstetrics & Gynecology	56
	Anxiety Disorders	53
	Otolaryngology	48
	General Practice	47
	Mood Disorders	46
	Surgery, Plastic	39

Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	199
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	198
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	176
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	169
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	156
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	143
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	139
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	138
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	130
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	94

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total

F10.20	Alcohol dependence, uncomplicated	148	F84.0	AUTISTIC DISORDER	194
F33.2	Major depressv disorder, recurrent severe w/o psych features	88	Z80.3	Family history of malignant neoplasm of breast	103
A41.9	Sepsis, unspecified organism	84	M17.12	Unilateral primary osteoarthritis, left knee	99
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	83	M17.11	Unilateral primary osteoarthritis, right knee	83
R10.9	Unspecified abdominal pain	68	M16.11	Unilateral primary osteoarthritis, right hip	67
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	54	I87.2	Venous insufficiency (chronic) (peripheral)	63
R07.9	Chest pain, unspecified	47	F33.2	Major depressv disorder, recurrent severe w/o psych features	61
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	46	I83.893	Varicose veins of bi low extrem w oth complications	55
O80	Encounter for full-term uncomplicated delivery	46	J34.2	Deviated nasal septum	52
Z34.90	Encntr for suprvsn of normal pregnancy, unsp, unsp trimester	44	M16.12	Unilateral primary osteoarthritis, left hip	48
	Top 10 Denial Reasons	**Total**		**Top 10 Denial Reasons**	**Total**
	Precert denial of requested post-surgical admission	70		Not Medically Necessary	51
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	50		Primary Total Knee Arthroplasty	49
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	32		Lumbar laminectomy for herniated disc - (C)	32
	IP denial for emergent OP procedure - no delay day - Coverage for the requested admission is denied - member does not meet criteria	27		Infertility: PGT-A (PGS)	29
	Lumbar spinal fusion - spinal stenosis	21		Primary Total Hip Arthroplasty	26
	Renal Colic and Kidney Stones - Coverage for the requested admission is denied - member does not meet criteria	20		Robotic Assistance - KNEE ARTHROPLASTY E/I	25
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	19		Investigational/Experimental	21
	ASAM Lev 3.7 Withdrawal Management RTC Medical/Behavioral Health Monitoring -Adult/Adol	18		Infertility: ICSI	21
	Cellulitis, Adult - Coverage for the requested admission is denied - member does not meet criteria	17		Spine cages for cervical fusion	20
	Gallbladder - Coverage for the requested admission is denied - member does not meet criteria	17		Breast Reduction: Breast Tissue Removal based on Body Surface Area	19
				FAI (femoro-acetabular) hip impingement surg, no age criteria	19