

Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 10/01/2023 to 12/31/2023

Inpatient Medical and Non-Medical Approvals and Denials			Ambulatory Medical and Non-Medical Approvals and Denials		
Top 10 Provider/Facility Types		Total	Top 10 Provider/Facility Types		Total
	Psychiatry	2169		Ophthalmology	35
	Internal Medicine	1308		Critical Care Medicine	35
	Hospitalist	1224		Physical Medicine & Rehabilitation	32
	Anxiety Disorders	901		Cardiology	30
	Mood Disorders	740		Sports Medicine	29
	Post-Traumatic Stress Disorder	680		Surgery, Plastic	28
	General Practice	616		Men's Issues	28
	Family Practice	588		Neurology & Psychiatry	27
	Personality Disorders	573		Surgery (Transplant)	27
	Addiction Psychiatry	570		Detox	26
				Oncology	26
Procedure Code	Top 10 Procedure Codes and Descriptions	Total	Procedure Code	Top 10 Procedure Codes and Descriptions	Total
	Procedure Code Description			Procedure Code Description	
43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE	414	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	319
43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN	368	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	222
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	204	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	218
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	202	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	191
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	177	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	157
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	119	99417	PROLNG OP E/M EACH 15 MIN	140
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	115	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	93
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	111	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	92
52000	CYSTOURETHROSCOPY	103	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	85
30520	SEPTOPLASTY/SUBMUCOUS RESECT W/WO CARTILAGE GRF	99	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	69

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total	Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
Z80.3	Family history of malignant neoplasm of breast	99	M17.11	Unilateral primary osteoarthritis, right knee	87
M17.11	Unilateral primary osteoarthritis, right knee	75	Z80.3	Family history of malignant neoplasm of breast	83
K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	71	M17.12	Unilateral primary osteoarthritis, left knee	74
M17.12	Unilateral primary osteoarthritis, left knee	65	M16.11	Unilateral primary osteoarthritis, right hip	58
M16.11	Unilateral primary osteoarthritis, right hip	47	M16.12	Unilateral primary osteoarthritis, left hip	54
Z12.11	Encounter for screening for malignant neoplasm of colon	41	I87.2	Venous insufficiency (chronic) (peripheral)	53
J34.2	Deviated nasal septum	41	H02.831	Dermatochalasis of right upper eyelid	26
N20.0	CALCULUS OF KIDNEY	41	I83.813	Varicose veins of bilateral lower extremities with pain	25
R13.10	DYSPHAGIA, UNSPECIFIED	40	F10.20	Alcohol dependence, uncomplicated	25
K40.90	Unil inguinal hernia, w/o obst or gangr, not spcf as recur	40	M54.16	Radiculopathy, lumbar region	24
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	Robotic Assistance - KNEE ARTHROPLASTY	40		Network Adequacy Denial	91
	Delegated Entity Denial	26		Delegated Entity Denial	87
	Not Medically Necessary	26		Non Par HMO/EC - EDI or Fax/Administrative denial	33
	Infertility: PGT-A (PGS)	24		Not a Covered Service	31
	Not a Covered Service	24		Not Medically Necessary	29
	Clinical Requested - Not Received - Admin Denial	22		Clinical Requested - Not Received - Admin Denial	27
	Lumbar laminectomy for herniated disc	19		Plan Exclusion	25
	Endoscopic sinus surgery and balloon sinuplasty	18		Lumbar laminectomy for herniated disc	24
	Network Adequacy Denial	15		Robotic Assistance - KNEE ARTHROPLASTY	22
	Infertility: cryo/storage/thaw when services denied	14		Primary Total Knee Arthroplasty	21

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 10/01/2023 to 12/31/2023

Inpatient Medical and Non-Medical Approvals and Denials			Ambulatory Medical and Non-Medical Approvals and Denials		
Top 10 Provider/Facility Types		Total	Top 10 Provider/Facility Types		Total
Psychiatry		257	Internal Medicine		255
Internal Medicine		250	Surgery		239
Hospitalist		182	Obstetrics & Gynecology		159
Pediatrics		166	Gastroenterology		143
Anxiety Disorders		91	Psychiatry		133
Surgery		90	Surgery, Orthopedic		129
Psychiatry, Child & Adolescent		83	Otolaryngology		95
Mood Disorders		79	Urology		70
General Practice		77	Pediatrics		66
Family Practice		71	Radiology, Diagnostic		65
Procedure Code	Top 10 Procedure Codes and Descriptions	Total	Procedure Code	Top 10 Procedure Codes and Descriptions	Total
	Procedure Code Description			Procedure Code Description	
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	46	43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE	414
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	36	43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN	368
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	25	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	204
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	25	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	202
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	24	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	177
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	24	36475	ENDOVEN ABLTJ INCMPNTNT VEIN XTR RF 1ST VEIN	119
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	20	58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	115
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	20	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	111
22614	ARTHRD PST TQ 1NTRSPC EA ADD	18	52000	CYSTOURETHROSCOPY	103
63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	18	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/WO CARTILAGE GRF	99
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	18			

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total	Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
A41.9	Sepsis, unspecified organism	66	Z80.3	Family history of malignant neoplasm of breast	99
R10.9	Unspecified abdominal pain	58	M17.11	Unilateral primary osteoarthritis, right knee	75
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	57	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	71
R07.9	Chest pain, unspecified	54	M17.12	Unilateral primary osteoarthritis, left knee	65
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	53	M16.11	Unilateral primary osteoarthritis, right hip	47
K92.2	Gastrointestinal hemorrhage, unspecified	38	Z12.11	Encounter for screening for malignant neoplasm of colon	41
I48.91	UNSPECIFIED ATRIAL FIBRILLATION	37	J34.2	Deviated nasal septum	41
F33.2	Major depressv disorder, recurrent severe w/o psych features	36	N20.0	CALCULUS OF KIDNEY	41
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	35	R13.10	DYSPHAGIA, UNSPECIFIED	40
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	34	K40.90	Unil inguinal hernia, w/o obst or gangr, not spcf as recur	40
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	Clinical Requested - Not Received - Admin Denial	266		Robotic Assistance - KNEE ARTHROPLASTY	40
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	47		Delegated Entity Denial	26
	Other Coverage Primary/COB	40		Not Medically Necessary	26
	Precert denial of requested post-surgical admission	22		Infertility: PGT-A (PGS)	24
	Neurology - Coverage for the requested admission is denied - member does not meet criteria	18		Not a Covered Service	24
	Inpatient Adm Late Notification - ACUTE ADM ONLY	17		Clinical Requested - Not Received - Admin Denial	22
	Inpatient Admit Denial Due to Procedure Denial (Clinical)	16		Lumbar laminectomy for herniated disc	19
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	16		Endoscopic sinus surgery and balloon sinuplasty	18
	Gallbladder - Coverage for the requested admission is denied - member does not meet criteria	16		Network Adequacy Denial	15
	Inpatient denial for emergent Outpatient procedure - ADM no delay day	13		Infertility: cryo/storage/thaw when services denied	14
	Failure to Precert Service Denial	13			
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	13			