

Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2024 to 03/31/2024

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		Internal Medicine		255
	Internal Medicine		1308		Surgery		239
	Hospitalist		1224		Obstetrics & Gynecology		159
	Anxiety Disorders		901		Gastroenterology		143
	Mood Disorders		740		Psychiatry		133
	Post-Traumatic Stress Disorder		680		Surgery, Orthopedic		129
	General Practice		616		Otolaryngology		95
	Family Practice		588		Urology		70
	Personality Disorders		573		Pediatrics		66
	Addiction Psychiatry		570		Radiology, Diagnostic		65
Procedure Code	Top 10 Procedure Codes and Descriptions	Procedure Code Description	Total	Procedure Code	Top 10 Procedure Codes and Descriptions	Procedure Code Description	Total
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		45	43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE		414
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD		43	43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN		368
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED		42	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN		204
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION		29	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS		202
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG		25	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS		177
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION		23	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN		119
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG		22	58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C		115
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP		21	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT		111
43775	LAP SLEEVE GASTRECTOMY		21	52000	CYSTOURETHROSCOPY		103
99221	1ST HOSP IP/OBS SF/LOW 40		21	30520	SEPTOPLASTY/SUBMUCOUS RESECT W/WO CARTILAGE GRF		99
Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Diagnosis Code Description	Total	Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Diagnosis Code Description	Total
M17.11	Unilateral primary osteoarthritis, right knee		87	Z80.3	Family history of malignant neoplasm of breast		99
Z80.3	Family history of malignant neoplasm of breast		83	M17.11	Unilateral primary osteoarthritis, right knee		75

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

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2024 to 03/31/2024

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 INCMPTNT 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	M54.16	Radiculopathy, lumbar region	17
R10.9	Unspecified abdominal pain	58	R10.9	Unspecified abdominal pain	17
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	57	N95.0	Postmenopausal bleeding	16
R07.9	Chest pain, unspecified	54	Z31.83	Encounter for assisted reproductv fertility procedure cycle	16
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	53	C61	Malignant neoplasm of prostate	15
K92.2	Gastrointestinal hemorrhage, unspecified	38	C50.912	Malignant neoplasm of unspecified site of left female breast	15
I48.91	UNSPECIFIED ATRIAL FIBRILLATION	38	J34.89	Other specified disorders of nose and nasal sinuses	15
F33.2	Major depressv disorder, recurrent severe w/o psych features	36	J32.4	Chronic pansinusitis	14
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	35	N92.0	Excessive and frequent menstruation with regular cycle	14
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	34	H02.831	Dermatochalasis of right upper eyelid	14
			Z80.41	Family history of malignant neoplasm of ovary	14
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	Clinical Requested - Not Received - Admin Denial	266		Infertility: ICSI	12
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	47		Breast Reduction: Breast Tissue Removal based on Body Surface Area	12
	Other Coverage Primary/COB	40		Primary Total Knee Arthroplasty	12
	Precert denial of requested post-surgical admission	22		Whole Exome Sequencing	12
	Neurology - Coverage for the requested admission is denied - member does not meet criteria	18		Breast and Ovarian Cancer Susceptibility Gene Testing- No Cancer History	11
	Inpatient Adm Late Notification - ACUTE ADM ONLY	17		Investigational/Experimental	10
	Inpatient Admit Denial Due to Procedure Denial	16		Infertility: AH not at time of ET	9
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	16		FAI (femoro-acetabular) hip impingement surg, no age criteria	9
	Gallbladder - Coverage for the requested admission is denied - member does not meet criteria	16		Infertility: Cryopreservation of Oocytes	8
	Inpatient denial for emergent Outpatient procedure - Coverage for the requested admission is denied - member does not meet criteria	13		Site of service Not Met-Not NPL Proc-Non-Hosp/OP/Office Setting covered	8
	Failure to Precert Service Denial	13			
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	13			