

Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 10/01/2022 to 12/31/2022

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
	Internal Medicine	40		Surgery	21
	Psychiatry	33		Obstetrics & Gynecology	19
	Hospitalist	24		Internal Medicine	19
	Pediatrics	19		Surgery, Orthopedic	18
	Psychiatry, Child & Adolescent	19		Otolaryngology	12
	Neonatal-Perinatal Medicine	16		Endocrinology, Reproductive	10
	Anxiety Disorders	14		Psychiatry	10
	General Practice	13		Hematology	9
	Obstetrics & Gynecology	13		General Practice	8
	Mood Disorders	11		Hematology/Oncology	8
	Psychiatry, Geriatric	11			
	Surgery	11			
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	10	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	21
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	6	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	19
22633	ARTHRD CMBN 1NTRSPC LUMBAR	5	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	19
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	4	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	18
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	4	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	16

69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	4	97155	ADAPT BHV TX PRCL MODIFICAJ PHYS/QHP EA 15 MIN	16
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	4	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	15
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	4	97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	15
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	3	81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	14
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	3	99354	PROLNG SVC O/P 1ST HOUR	11
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	3			
44207	LAPS COLECTOMY PRCL W/COLOPXTSTMY LW ANAST	3			
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	3			

22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	3			
61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	3			
Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total	Diagnosis code	Top 10 Diagnosis Codes and Descriptions	Total
	Diagnosis Code Description			Diagnosis Code Description	
F10.20	Alcohol dependence, uncomplicated	9	F84.0	AUTISTIC DISORDER	25
I26.99	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	9	I87.2	Venous insufficiency (chronic) (peripheral)	19
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	7	N97.9	Female infertility, unspecified	18
F33.2	Major depressv disorder, recurrent severe w/o psych features	7	D66	HEREDITARY FACTOR VIII DEFICIENCY	9
R07.9	Chest pain, unspecified	7	M17.12	Unilateral primary osteoarthritis, left knee	9
A41.9	Sepsis, unspecified organism	7	M17.11	Unilateral primary osteoarthritis, right knee	9
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	7	I83.893	Varicose veins of bi low extrem w oth complications	7
D64.9	ANEMIA, UNSPECIFIED	6	M16.12	Unilateral primary osteoarthritis, left hip	7
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	6	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	6
R55	SYNCOPE AND COLLAPSE	6	K40.90	Unil inguinal hernia, w/o obst or gangr, not spcf as recur	6
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	6			
	Top 10 Denial Reasons	Total		Top 10 Denial Reasons	Total
	IP Admit Denial Due to Procedure Denial (Clin)	7		Primary Total Knee Arthroplasty	6
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	6		Infertility: PGT-A (PGS)	5
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	5		Network Adequacy Denial	5
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	4		Robotic Assistance	5
	Precert denial of requested post-surgical admission	4		Endoscopic sinus surgery and balloon sinuplasty	3
	Not Medically Necessary	3		FAI (femoro-acetabular) hip impingement surg, no age criteria	3

Gastroenteritis - Coverage for the requested admission is denied - member does not meet criteria	3		Not Medically Necessary	3
Spine cages for cervical fusion	3		SoS Not Met - Procedure is covered in a Non-Hosp/OP/Office Setting	3
Syncope - Coverage for the requested admission is denied - member does not meet criteria	3		Breast Reduction - No Photos submitted	2
Pulmonary - Coverage for the requested admission is denied - member does not meet criteria	2		Robotic Assistance - KNEE ARTHROPLASTY	2
Hypertension, Adult - Coverage for the requested admission is denied - member does not meet criteria	2		SI Joint, age 18+	2
Acute Rehab - Acute Rehab Not Required (w/nursing criteria) - Coverage for the requested admission is denied - member does not meet criteria	2			
Skilled Nursing Facility Level No Longer Required - CCR - Coverage for the requested admission is denied - member does not meet criteria	2			
Anemia - Coverage for the requested admission is denied - member does not meet criteria	2			

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 10/01/2022 to 12/31/2022

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	300		Psychiatry	153
	Internal Medicine	299		Surgery	151
	Hospitalist	170		Surgery, Orthopedic	113
	Pediatrics	134		Obstetrics & Gynecology	94
	Psychiatry, Child & Adolescent	109		Internal Medicine	74
	Surgery	105		Urology	68
	Family Practice	91		Anxiety Disorders	65
	Anxiety Disorders	85		Surgery, Plastic	63
	Mood Disorders	82		General Practice	61
	General Practice	79		Psychiatry, Child & Adolescent	57
Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total	Procedure Code	Top 10 Procedure Codes and Descriptions Procedure Code Description	Total
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	40	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	136
22633	ARTHRD CMBN 1NTRSPC LUMBAR	21	81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	125
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	21	97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	120
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	20	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	118

22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	20	97155	ADAPT BHV TX PRCL MODIFICAJ PHYS/QHP EA 15 MIN	117
22614	ARTHRD PST TQ 1NTRSPC EA ADD	19	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	115
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	18	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	109
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	17	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	100
63047	LAM FACECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	15	58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	87
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	14	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	72
63052	LAM FACETC/FRMT ARTHRD LUM 1	14			
	Top 10 Diagnosis Codes and Descriptions	Total		Top 10 Diagnosis Codes and Descriptions	Total
Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
F10.20	Alcohol dependence, uncomplicated	120	F84.0	AUTISTIC DISORDER	170

F33.2	Major depressv disorder, recurrent severe w/o psych features	98	M17.12	Unilateral primary osteoarthritis, left knee	63
A41.9	Sepsis, unspecified organism	72	M17.11	Unilateral primary osteoarthritis, right knee	61
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	64	I87.2	Venous insufficiency (chronic) (peripheral)	55
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	63	F10.20	Alcohol dependence, uncomplicated	53
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	63	N20.0	CALCULUS OF KIDNEY	52
R10.9	Unspecified abdominal pain	44	Z80.3	Family history of malignant neoplasm of breast	49
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	43	M16.11	Unilateral primary osteoarthritis, right hip	44
N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	43	F33.2	Major depressv disorder, recurrent severe w/o psych features	44
F11.20	Opioid dependence, uncomplicated	36	K40.90	Unil inguinal hernia, w/o obst or gangr, not spcf as recur	43
Top 10 Denial Reasons			Top 10 Denial Reasons		
		Total			Total
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	38		Primary Total Knee Arthroplasty	26
	Precert denial of requested post-surgical admission	36		Not Medically Necessary	19
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	33		Robotic Assistance	18
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	20		SoS Not Met - Procedure is covered in a Non-Hosp/OP/Office Setting	16
	No Clinical Info Denial	19		Network Adequacy Denial	15
	IP Admit Denial Due to Procedure Denial	14		Infertility: PGT-A	14
	Neurology - Coverage for the requested admission is denied - member does not meet criteria	13		Cervical laminectomy/fusion	14
	Not Medically Necessary	13		Primary Total Hip Arthroplasty	14
	Musculoskeletal, Ortho -Coverage for the requested admission is denied - member does not meet criteria	12		Endoscopic sinus surgery and balloon sinuplasty	14
	Hypertension, Adult - Coverage for the requested admission is denied - member does not meet criteria	11		Breast Reduction: Breast Tissue Removal based on Body Surface Area	12
	Lumbar spinal fusion - spinal stenosis	11			