

Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2023 to 06/30/2023

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
	Internal Medicine		4739		Psychiatry		593
	Hospitalist		3425		Internal Medicine		411
	Psychiatry		1475		Anxiety Disorders		312
	Family Practice		1189		Addiction Psychiatry		278
	General Practice		1161		General Practice		248
	Surgery		657		Pharmacological/Medication Management		233
	Anxiety Disorders		475		Mood Disorders		215
	Obstetrics & Gynecology		464		Addiction Medicine		193
	Mood Disorders		418		Surgery		186
	Emergency Medicine		416		Obsessive-Compulsive Disorder		169
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		51	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN		578
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD		40	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS		571
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED		38	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG		360
61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL		33	90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M		357
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS		30	99417	PROLNG OP E/M EACH 15 MIN		349
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION		29	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS		348
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE		23	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT		276
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST		20	45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS		273
99221	1ST HOSP IP/OBS SF/LOW 40		19	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE		235
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2		19	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN		232
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG		19				

Top 10 Diagnosis Codes and Descriptions			Top 10 Diagnosis Codes and Descriptions		
Diagnosis code	Diagnosis Code Description	Total	Diagnosis code	Diagnosis Code Description	Total
M17.11	Unilateral primary osteoarthritis, right knee	79	Z80.3	Family history of malignant neoplasm of breast	331
M17.12	Unilateral primary osteoarthritis, left knee	65	C44.319	Basal cell carcinoma of skin of other parts of face	245
Z80.3	Family history of malignant neoplasm of breast	61	Z12.11	Encounter for screening for malignant neoplasm of colon	228
M16.12	Unilateral primary osteoarthritis, left hip	55	M17.11	Unilateral primary osteoarthritis, right knee	204
I87.2	Venous insufficiency (chronic) (peripheral)	51	M17.12	Unilateral primary osteoarthritis, left knee	166
M16.11	Unilateral primary osteoarthritis, right hip	47	Z85.3	Personal history of malignant neoplasm of breast	154
Z12.11	Encounter for screening for malignant neoplasm of colon	45	F33.2	Major depressv disorder, recurrent severe w/o psych features	149
J32.0	Chronic maxillary sinusitis	32	J32.0	Chronic maxillary sinusitis	141
Z85.3	Personal history of malignant neoplasm of breast	24	Z89.512	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	133
N62	Hypertrophy of breast	23	M54.12	Radiculopathy, cervical region	118
			M16.12	Unilateral primary osteoarthritis, left hip	118
Top 10 Denial Reasons			Top 10 Denial Reasons		
		Total			Total
	Network Adequacy Denial	94		Approved by Clinician - Pay In Network - Par Provider	6596
	Delegated Entity Denial	59		Auto Approved by Business Rules Engine	2605
	Plan Exclusion	55		Approved by non Clinician	2537
	Not a Covered Service	29		Approved by Medical Director - Pay In Network - Par Provider	1368
	Robotic Assistance - KNEE ARTHROPLASTY	25		Approved by MD-Pay In Network-Non-Par Provider-Plan Has No OON Benefits	1210
	Lumbar laminectomy for herniated disc	20		Approved by Clinician-Pay In Network-Non-Par Prvdr-Plan Has No OON Bnfts	751
	Spine cages for cervical fusion	18		Approved by Delegated Entity	635
	Clinical Requested - Not Received - Admin Denial	18		Network Adequacy Denial	558
	Endoscopic sinus surgery and balloon sinuplasty	17		Appeal Overturned	557
	Primary Total Knee Arthroplasty	16		Approved by Clinician	534

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 04/01/2023 to 06/30/2023

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		
	Internal Medicine	909		Internal Medicine	488		
	Hospitalist	589		Surgery	372		
	Psychiatry	271		Gastroenterology	316		
	Surgery	256		Surgery, Orthopedic	215		
	Family Practice	205		Obstetrics & Gynecology	189		
	Pediatrics	203		Psychiatry	154		
	General Practice	185		Family Practice	144		
	Obstetrics & Gynecology	164		Otolaryngology	139		
	Emergency Medicine	126		Pediatrics	115		
	Anxiety Disorders	100		General Practice	108		
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	37	45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS	981		
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	36	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	673		
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	25	45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	412		
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	22	43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE	393		
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	18	43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN	356		
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	18	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	195		
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	17	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	194		
63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	17	58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	133		
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	14	45384	COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT	128		
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	14	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	121		

Top 10 Diagnosis Codes and Descriptions			Top 10 Diagnosis Codes and Descriptions		
Diagnosis code	Diagnosis Code Description	Total	Diagnosis code	Diagnosis Code Description	Total
R07.9	Chest pain, unspecified	64	Z12.11	Encounter for screening for malignant neoplasm of colon	482
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	55	Z80.3	Family history of malignant neoplasm of breast	75
A41.9	Sepsis, unspecified organism	47	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	70
R10.9	Unspecified abdominal pain	45	Z86.010	Personal history of colonic polyps	65
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	44	N20.0	CALCULUS OF KIDNEY	54
K92.2	Gastrointestinal hemorrhage, unspecified	41	K40.90	Unil inguinal hernia, w/o obst or gangr, not spcf as recur	50
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	41	K80.20	Calculus of gallbladder w/o cholecystitis w/o obstruction	49
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	34	M17.12	Unilateral primary osteoarthritis, left knee	47
R50.9	Fever, unspecified	33	M16.11	Unilateral primary osteoarthritis, right hip	46
I48.91	UNSPECIFIED ATRIAL FIBRILLATION	33	J32.0	Chronic maxillary sinusitis	44
			M17.11	Unilateral primary osteoarthritis, right knee	44
Top 10 Denial Reasons			Top 10 Denial Reasons		
	Clinical Requested - Not Received - Admin Denial	223		Delegated Entity Denial	58
	Inpatient Adm Late Notification - ACUTE ADM ONLY	38		Clinical Requested - Not Received - Admin Denial	30
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	35		Not Medically Necessary	24
	Precert denial of requested post-surgical admission	31		Not a Covered Service	22
	Other Coverage Primary/COB	31		Robotic Assistance - KNEE ARTHROPLASTY	21
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	21		Endoscopic sinus surgery and balloon sinuplasty	19
	Failure to Precert Service Denial	15		Infertility: PGT-A (PGS)	15
	Systemic or Infectious Condition - Coverage for the requested admission is denied - member does not meet criteria	14		Network Adequacy Denial	14
	Atrial Fibrillation - Coverage for the requested admission is denied - member does not meet criteria	12		FAI (femoro-acetabular) hip impingement surg, no age criteria	12
	Not Medically Necessary	12		Primary Total Knee Arthroplasty	12
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	12		Spine cages for cervical fusion	12