

Aetna Health Management HMO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2023 to 09/30/2023

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		5286	Psychiatry		695
Hospitalist		3864	Internal Medicine		558
Psychiatry		1911	Anxiety Disorders		354
Family Practice		1381	General Practice		306
General Practice		1223	Addiction Psychiatry		262
Surgery		660	Pharmacological/Medication Management		237
Anxiety Disorders		641	Mood Disorders		228
Emergency Medicine		565	Surgery		214
Obstetrics & Gynecology		562	Family Practice		190
Psychiatry, Child & Adolescent		497	Addiction Medicine		187
Procedure Code	Top 10 Procedure Codes and Descriptions	Total	Procedure Code	Top 10 Procedure Codes and Descriptions	Total
	Procedure Code Description			Procedure Code Description	
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	53	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	251
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	28	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	250
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	24	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	197
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	23	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	182

69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	23	45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS	134
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	22	99417	PROLNG OP E/M EACH 15 MIN	113
61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL	22	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	105
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater th	21	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	93
44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	17	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	89
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	17	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	89
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	17			
	Top 10 Diagnosis Codes and Descriptions	Total		Top 10 Diagnosis Codes and Descriptions	Total
Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
M17.11	Unilateral primary osteoarthritis, right knee	89	M17.11	Unilateral primary osteoarthritis, right knee	89

M17.12	Unilateral primary osteoarthritis, left knee	71	M17.12	Unilateral primary osteoarthritis, left knee	71
Z80.3	Family history of malignant neoplasm of breast	71	Z80.3	Family history of malignant neoplasm of breast	71
M16.11	Unilateral primary osteoarthritis, right hip	70	M16.11	Unilateral primary osteoarthritis, right hip	70
M16.12	Unilateral primary osteoarthritis, left hip	63	M16.12	Unilateral primary osteoarthritis, left hip	63
I87.2	Venous insufficiency (chronic) (peripheral)	61	I87.2	Venous insufficiency (chronic) (peripheral)	61
Z12.11	Encounter for screening for malignant neoplasm of colon	46	Z12.11	Encounter for screening for malignant neoplasm of colon	46
J32.0	Chronic maxillary sinusitis	39	J32.0	Chronic maxillary sinusitis	39
Z85.3	Personal history of malignant neoplasm of breast	29	Z85.3	Personal history of malignant neoplasm of breast	29
I83.893	Varicose veins of bi low extrem w oth complications	25	I83.893	Varicose veins of bi low extrem w oth complications	25
C50.919	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	25	C50.919	MALIGNANT NEOPLASM OF UNSP SITE OF UNSPECIFIED FEMALE BREAST	25
Top 10 Denial Reasons			Top 10 Denial Reasons		
		Total			Total
	Network Adequacy Denial	140		Network Adequacy Denial	140
	Delegated Entity Denial	61		Delegated Entity Denial	61
	Non Participating HMO/EC - EDI or Fax/Administrative denial	50		Non Participating HMO/EC - EDI or Fax/Administrative denial	50
	Plan Exclusion	44		Plan Exclusion	44
	Not a Covered Service	43		Not a Covered Service	43
	Not Medically Necessary	25		Not Medically Necessary	25
	Robotic Assistance - KNEE ARTHROPLASTY	23		Robotic Assistance - KNEE ARTHROPLASTY	23
	Spine cages for cervical fusion	20		Spine cages for cervical fusion	20
	Endoscopic sinus surgery and balloon sinuplasty	19		Endoscopic sinus surgery and balloon sinuplasty	19
	Primary Total Hip Arthroplasty	18		Primary Total Hip Arthroplasty	18

Aetna Life Insurance Company PPO Products

SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 07/01/2023 to 09/30/2023

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		841	Internal Medicine		453
Hospitalist		589	Gastroenterology		328
Psychiatry		266	Surgery		309
Surgery		237	Obstetrics & Gynecology		219
Family Practice		221	Surgery, Orthopedic		160
Pediatrics		196	Psychiatry		144
General Practice		190	Family Practice		103
Obstetrics & Gynecology		173	Pediatrics		98
Emergency Medicine		141	Otolaryngology		95
Neonatal-Perinatal Medicine		81	Urology		88
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	45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS	1000
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	27	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	658
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	24	43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE	420
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	22	45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	399

20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	22	43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN	365
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	21	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	208
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	21	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	208
22614	ARTHRD PST TQ 1NTRSPC EA ADD	18	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	148
43775	LAP SLEEVE GASTRECTOMY	17	58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	135
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	16	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	134
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	16			
	Top 10 Diagnosis Codes and Descriptions	Total		Top 10 Diagnosis Codes and Descriptions	Total
Diagnosis code	Diagnosis Code Description		Diagnosis code	Diagnosis Code Description	
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	70	Z12.11	Encounter for screening for malignant neoplasm of colon	501

A41.9	Sepsis, unspecified organism	69	Z86.010	Personal history of colonic polyps	79
R10.9	Unspecified abdominal pain	64	Z80.3	Family history of malignant neoplasm of breast	79
R07.9	Chest pain, unspecified	55	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	78
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	38	M17.12	Unilateral primary osteoarthritis, left knee	64
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	34	M17.11	Unilateral primary osteoarthritis, right knee	58
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	34	K40.90	Unil inguinal hernia, w/o obst or gangr, not spcf as recur	58
D64.9	ANEMIA, UNSPECIFIED	33	K80.20	Calculus of gallbladder w/o cholecystitis w/o obstruction	53
Z34.90	Encntr for suprvsn of normal pregnancy, unsp, unsp trimester	33	M16.11	Unilateral primary osteoarthritis, right hip	50
K92.2	Gastrointestinal hemorrhage, unspecified	33	N20.0	CALCULUS OF KIDNEY	46
Top 10 Denial Reasons		Total	Top 10 Denial Reasons		Total
	Clinical Requested - Not Received - Administrative Denial	270		Infertility: PGT-A (PGS)	23
	Other Coverage Primary/COB	36		Robotic Assistance - KNEE ARTHROPLASTY	23
	Post Procedure - Coverage for the requested admission is denied - member does not meet criteria	35		Not Medically Necessary	23
	Precertification denial of requested post-surgical admission	32		Delegated Entity Denial	23
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	23		Clinical Requested - Not Received - Administrative Denial	22
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	22		Not a Covered Service	19
	Inpatient Admit Denial Due to Procedure Denial	18		Endoscopic sinus surgery and balloon sinuplasty	16
	Inpatient Adm Late Notification - ACUTE ADM ONLY	16		Breast Reduction: Breast Tissue Removal based on Body Surface Area	16
	Musculoskeletal, Ortho - Coverage for the requested admission is denied - member does not meet criteria	16		Lumbar laminectomy for herniated disc	15
	Neurology - Coverage for the requested admission is denied - member does not meet criteria	15		Network Adequacy Denial	13
				Primary Total Knee Arthroplasty	13