

<b>Aetna Health Management HMO Products</b>					
SouthEast Region (Including Arkansas) Medical and Non-Medical Approvals and Denials from 01/01/2023 to 03/31/2023					
<b>Inpatient Medical and Non-Medical Approvals and Denials</b>			<b>Ambulatory Medical and Non-Medical Approvals and Denials</b>		
<b>Top 10 Provider/Facility Types</b>		<b>Total</b>	<b>Top 10 Provider/Facility Types</b>		<b>Total</b>
	Internal Medicine	1681		Psychiatry	382
	Hospitalist	1215		Internal Medicine	218
	Psychiatry	977		Addiction Psychiatry	178
	Family Practice	505		Anxiety Disorders	167
	General Practice	467		Surgery	146
	Psychiatry, Child & Adolescent	349		Pharmacological/Medication Management	142
	Anxiety Disorders	347		General Practice	137
	Addiction Psychiatry	318		Mood Disorders	133
	Mood Disorders	277		Cognitive Behavioral Therapy	114
	Post-Traumatic Stress Disorder	261		Addiction Medicine	109
<b>Procedure Code</b>	<b>Top 10 Procedure Codes and Descriptions</b>	<b>Total</b>	<b>Procedure Code</b>	<b>Top 10 Procedure Codes and Descriptions</b>	<b>Total</b>
	<b>Procedure Code Description</b>			<b>Procedure Code Description</b>	
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	39	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	142
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	38	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	132
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	28	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	110
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	21	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	110
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	18	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	108
22614	ARTHRD PST TQ 1NTRSPC EA ADD	18	97155	ADAPT BHV TX PRACL MODIFICAJ PHYS/QHP EA 15 MIN	108
99221	1ST HOSP IP/OBS SF/LOW 40	17	97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	108
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	16	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	102
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	16	45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS	97
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	14	99417	PROLNG OP E/M EACH 15 MIN	92
22633	ARTHRD CMBN 1NTRSPC LUMBAR	14			
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	14			
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	14			

Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total	Diagnosis code	Top 10 Diagnosis Codes and Descriptions Diagnosis Code Description	Total
F10.20	Alcohol dependence, uncomplicated	559	F10.20	Alcohol dependence, uncomplicated	169
F11.20	Opioid dependence, uncomplicated	277	F11.20	Opioid dependence, uncomplicated	135
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated	151	F84.0	AUTISTIC DISORDER	133
F33.2	Major depressv disorder, recurrent severe w/o psych features	135	M17.11	Unilateral primary osteoarthritis, right knee	74
I50.9	HEART FAILURE, UNSPECIFIED	135	F33.2	Major depressv disorder, recurrent severe w/o psych features	66
A41.9	Sepsis, unspecified organism	128	N18.6	END STAGE RENAL DISEASE	62
R07.9	Chest pain, unspecified	123	Z12.11	Encounter for screening for malignant neoplasm of colon	61
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	111	M17.12	Unilateral primary osteoarthritis, left knee	61
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	111	M16.11	Unilateral primary osteoarthritis, right hip	45
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	95	Z80.3	Family history of malignant neoplasm of breast	42
<b>Top 10 Denial Reasons</b>		<b>Total</b>	<b>Top 10 Denial Reasons</b>		<b>Total</b>
	Post Procedure - Coverage for the requested admission is denied	120		Network Adequacy Denial	61
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	88		Primary Total Knee Arthroplasty	42
	Abdominal Pain - Coverage for the requested admission is denied - member does not meet criteria	86		Lumbar laminectomy for herniated disc - (III)	31
	Precert denial of requested post-surgical admission	61		Primary Total Hip Arthroplasty	30
	Skilled Nursing Facility Level No Longer Required - Coverage for the requested admission is denied - member does not meet criteria	57		Not a Covered Service	20
	Neurology - Coverage for the requested admission is denied - member does not meet criteria	54		Not Medically Necessary	16
	Cellulitis, Adult - Coverage for the requested admission is denied - member does not meet criteria	53		Robotic Assistance - KNEE ARTHROPLASTY	16
	Acute Rehab - Acute Rehab Not Required (w/nursing criteria) - Coverage for the requested admission is denied - member does not meet criteria	51		Spine cages for cervical fusion	13
	Substance Related withdrawal - Coverage for the requested admission is denied - member does not meet criteria	42		Cervical laminectomy/fusion - (A)	12

Heart Failure/ Congestive (CHF) - Coverage for the requested admission is denied - member does not meet criteria		41		Kyphoplasty	9
				Lumbar spinal fusion - spinal stenosis	9
				Endoscopic sinus surgery and balloon sinuplasty	9

<b>Aetna Life Insurance Company PPO Products</b>					
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<b>Top 10 Provider/Facility Types</b>		<b>Total</b>	<b>Top 10 Provider/Facility Types</b>		<b>Total</b>
	Internal Medicine	1681		Internal Medicine	251
	Hospitalist	1215		Surgery	233
	Psychiatry	977		Gastroenterology	171
	Family Practice	505		Psychiatry	140
	General Practice	467		Obstetrics & Gynecology	129
	Psychiatry, Child & Adolescent	349		Surgery, Orthopedic	103
	Anxiety Disorders	347		Otolaryngology	82
	Addiction Psychiatry	318		Urology	59
	Mood Disorders	277		Anxiety Disorders	51
	Post-Traumatic Stress Disorder	261		General Practice	51
<b>Top 10 Procedure Codes and Descriptions</b>		<b>Total</b>	<b>Top 10 Procedure Codes and Descriptions</b>		<b>Total</b>
<b>Procedure Code</b>	<b>Procedure Code Description</b>		<b>Procedure Code</b>	<b>Procedure Code Description</b>	
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	36	45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS	569
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	29	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	342
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	23	43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE	215
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	21	43235	UPPER GI NDSC DX W/WO COLLECTION SPECIMEN	192
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	19	45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	183
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	19	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	138
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	17	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	136
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	16	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	133
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	15	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	132
22633	ARTHRD CMBN 1NTRSPC LUMBAR	15	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	128
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	15			
<b>Top 10 Diagnosis Codes and Descriptions</b>		<b>Total</b>	<b>Top 10 Diagnosis Codes and Descriptions</b>		<b>Total</b>
<b>Diagnosis code</b>	<b>Diagnosis Code Description</b>		<b>Diagnosis code</b>	<b>Diagnosis Code Description</b>	

F10.20	Alcohol dependence, uncomplicated	139	Z12.11	Encounter for screening for malignant neoplasm of colon	347
F33.2	Major depressv disorder, recurrent severe w/o psych features	92	F84.0	AUTISTIC DISORDER	155
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	60	Z80.3	Family history of malignant neoplasm of breast	74
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	51	M17.11	Unilateral primary osteoarthritis, right knee	72
A41.9	Sepsis, unspecified organism	47	N20.0	CALCULUS OF KIDNEY	68
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	46	F33.2	Major depressv disorder, recurrent severe w/o psych features	65
R07.9	Chest pain, unspecified	46	I87.2	Venous insufficiency (chronic) (peripheral)	64
R10.9	Unspecified abdominal pain	46	M16.11	Unilateral primary osteoarthritis, right hip	63
K56.609	Unsp intestnl obst, unsp as to partial versus complete obst	41	Z86.010	Personal history of colonic polyps	62
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	41	K40.90	Unil inguinal hernia, w/o obst or gangr, not spcf as recur	61
			M17.12	Unilateral primary osteoarthritis, left knee	61
<b>Top 10 Denial Reasons</b>			<b>Top 10 Denial Reasons</b>		
		<b>Total</b>			<b>Total</b>
	Post Procedure - Coverage for the requested admission is denied	48		Primary Total Knee Arthroplasty	35
	MCG: Abdominal Pain - ADM	31		Lumbar laminectomy for herniated disc - (III)	21
	Precert denial of requested post-surgical admission	27		TMS Criteria not met	20
	Chest Pain - Coverage for the requested admission is denied - member does not meet criteria	24		Robotic Assistance - KNEE ARTHROPLASTY	19
	Acute Rehab - Coverage for the requested admission is denied - member does not meet criteria	15		Breast Reduction: Breast Tissue Removal based on Body Surface Area	18
	IP Admit Denial Due to Procedure Denial (Clinical)	13		Not Medically Necessary	18
	Neurology - Coverage for the requested admission is denied - member does not meet criteria	12		Spine cages for cervical fusion	16
	Atrial Fibrillation - Coverage for the requested admission is denied - member does not meet criteria	11		Endoscopic sinus surgery and balloon sinuplasty	11
	Not Medically Necessary	11		Primary Total Hip Arthroplasty	11
	Pulmonary - Coverage for the requested admission is denied - member does not meet criteria	10		Behavioral Health ABA - Treatment Hours	10
	Skilled Nursing Facility Level No Longer Required - Coverage for the requested admission is denied - member does not meet criteria	10			
	Spine cages for cervical fusion	10			