Arkansas Utilization Management Statistics for Prior Authorizations Active Health Management, Inc.

2018

- Quarter One •
- Quarter Two
- **Quarter Three**
- Quarter Four •

2019

- Quarter One •
- Quarter Two
- Quarter Three
- **Quarter Four** •

2020

- Quarter One •
- Quarter Two ٠
- **Quarter Three**
- **Quarter Four**

2021

- Quarter One •
- Quarter Two
- **Quarter Three** •

2022

- Quarter One •
- Quarter Two .
- Quarter Three
- Quarter Four •

2023

- Quarter One
- Quarter Two ٠
- **Quarter Three**
- Quarter Four ٠

2024

Quarter One •

•

Quarter One, 1/1/2018 – 3/31/2018

| Inpatient M | ledical and Non-Medical Approv | als and Der | nials | |
|--------------------------------|---|-------------|-------|-------|
| | ider Specialties | | | |
| Obstetrics and | d Gynecology | | | |
| Orthopedic Su | | | | |
| Neurological S | | | | |
| General Surge | ery | | | |
| Urology | | | | |
| Neurology | | | | |
| Family Practic | | | | |
| Cardiovascula Thoracic Surg | | | | |
| Gynecology O | | | | |
| | Procedure Codes and | Approve | Deny | Total |
| Description | | Appiove | Deny | Total |
| Procedure | Procedure Description | | | |
| Code | | | | |
| 27447 | Total Knee Arthroplasty | 49 | 3 | 52 |
| 59400 | Obstetrical Care | 44 | 0 | 44 |
| 59510 | Cesarean Delivery | 30 | 0 | 30 |
| 27130 | Total Hip Arthroplasty | 23 | 0 | 23 |
| 58150 | Total Hysterectomy | 20 | 2 | 22 |
| 22633 | Lumbar Spine Fusion | 12 | 0 | 12 |
| 22551 | Neck Spine Fusion & Remove Bel C2 | 10 | 3 | 13 |
| 95951 | Video EEG Monitoring | 9 | 0 | 9 |
| 43775 | Laparoscopic Sleeve Gastrectomy | 9 | 0 | 9 |
| 44204 | Laparoscopic Partial Colectomy | 7 | 0 | 7 |
| 55866 | Laparoscopic Radical Prostatectomy | 6 | 0 | 6 |
| | Diagnosis Codes and | Approve | Deny | Total |
| Description | ns | | | |
| Diagnosis | | | | |
| Code | Diagnosis Description | | | |
| 080 | Encounter for Full-Term Uncomp Pregnancy | 44 | 0 | 44 |
| 082 | Encounter for Cesarean Delivery | 31 | 0 | 31 |
| M1711 | Unilateral Primary Osteoarthritis | 25 | 1 | 26 |
| M1712 | Unilateral Primary Osteoarthritis | 18 | 2 | 20 |
| E6601 | Morbid Obesity | 12 | 1 | 13 |
| M5136 | IV Disc Degeneration NEC Lumbar | 6 | 4 | 10 |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | | | | | | | | |
|--|---|---------|------|-------|--|--|--|--|--|--|--|
| Treating Provider Spec | cialties | | | | | | | | | | |
| Family Practice | | | | | | | | | | | |
| Orthopedic Surgery | | | | | | | | | | | |
| Internal Medicine | | | | | | | | | | | |
| Urology | | | | | | | | | | | |
| Neurology | | | | | | | | | | | |
| Otolaryngology | | | | | | | | | | | |
| Neurological Surgery | | | | | | | | | | | |
| General Surgery | | | | | | | | | | | |
| Pediatrics | | | | | | | | | | | |
| Nephrology | dure Codes and Descriptions | A | Damu | Tatal | | | | | | | |
| TOP TO OP Proce | Top 10 OP Procedure Codes and Descriptions Approve Deny Total | | | | | | | | | | |
| Procedure | Procedure Description | | | | | | | | | | |
| Code | ···· | | | | | | | | | | |
| 07110 | Therapeutic Exercises | 070 | | 070 | | | | | | | |
| 97110 | | 878 | 0 | 878 | | | | | | | |
| 73721 | MRI of Lower Extremity w/o Dye | 318 | 0 | 318 | | | | | | | |
| 72148 | MRI of Lumbar Spine w/o Dye | 289 | 0 | 289 | | | | | | | |
| 70553 | MRI Brain Stem with/without Dye | 263 | 0 | 263 | | | | | | | |
| 71260 | CT of Thorax w/Dye | 224 | 3 | 227 | | | | | | | |
| 74177 | CT of Abdomen/Pelvis w/Contrast | 213 | 0 | 213 | | | | | | | |
| 73221 | MRI Upper Extremity w/o Dye | 179 | 1 | 180 | | | | | | | |
| 72141 | MRI Neck Spine w/o Dye | 166 | 1 | 167 | | | | | | | |
| 74178 | CT Abdomen/Pelvis | 165 | 2 | 167 | | | | | | | |
| 74176 | CT Abdomen/Pelvis w/o Dye | 132 | 0 | 132 | | | | | | | |
| 70486 | CT Maxillofacial w/o Dye | 96 | 33 | 129 | | | | | | | |
| Top 10 OP Diagn | osis Codes and Descriptions | Approve | Deny | Total | | | | | | | |
| | | | | | | | | | | | |
| Diagnosis Code | Diagnosis Code Description | | | | | | | | | | |
| M545 | Diagnosis Code Description | 227 | 0 | 227 | | | | | | | |
| 101545 | | 227 | 0 | 227 | | | | | | | |
| M542 | Cervicalgia | 134 | 4 | 138 | | | | | | | |
| M25561 | Right Knee Pain | 115 | 0 | 115 | | | | | | | |
| R51 | Headache | 107 | 2 | 109 | | | | | | | |
| M25562 | Left Knee Pain | 98 | 0 | 98 | | | | | | | |
| M25511 | Right Shoulder Pain | 97 | 0 | 97 | | | | | | | |

| M1612 | Unilateral Primary Osteoarthritis | 9 | 0 | 9 | M25512 | Left Shoulder Pain | 90 | 0 | 90 |
|-------|-----------------------------------|---|---|---|--------|-----------------------------|----|---|----|
| M1611 | Unilateral Primary Osteoarthritis | 9 | 0 | 9 | R109 | Abdominal Pain | 86 | 0 | 86 |
| C61 | Malignant Neoplasm Prostate | 6 | 0 | 6 | M5416 | Radiculopathy Lumbar Region | 77 | 1 | 78 |
| D259 | Leiomyoma Uterus NOS | 5 | 0 | 5 | R911 | Solitary Pulmonary Nodule | 54 | 0 | 54 |

Quarter Two, 4/1/2018 – 6/30/2018

| Inpatient Med | dical and Non-Medical Approvals a | nd Denials | | | | | | | | | |
|---------------------------|-----------------------------------|------------|------|-------|--|--|--|--|--|--|--|
| Treating Prov | ider Specialties | | | | | | | | | | |
| Orthopedic S | urgery | | | | | | | | | | |
| Obstetrics and Gynecology | | | | | | | | | | | |
| Neurological Surgery | | | | | | | | | | | |
| General Surge | ry | | | | | | | | | | |
| Family Practic | e | | | | | | | | | | |
| Urology | • | | | | | | | | | | |
| Thoracic Surge | ery | | | | | | | | | | |
| Cardiovascula | r | | | | | | | | | | |
| Internal Medi | cine | | | | | | | | | | |
| Neurology | | | | | | | | | | | |
| Top 10 IP Pro | cedure Codes and Descriptions | Approve | Deny | Total | | | | | | | |
| Procedure | Procedure Description | | | | | | | | | | |
| Code | | | | | | | | | | | |
| 27447 | Total Knee Arthroplasty | 78 | 1 | 79 | | | | | | | |
| 59400 | Obstetrical Care | 70 | 0 | 70 | | | | | | | |
| 43775 | Laparoscopic Sleeve | 57 | 2 | 59 | | | | | | | |
| | Gastrectomy | | | | | | | | | | |
| 59510 | Cesarean Delivery | 44 | 0 | 44 | | | | | | | |
| 27130 | Total Hip Arthroplasty | 39 | 1 | 40 | | | | | | | |
| 43644 | Laparoscopic Gastric | 37 | 0 | 37 | | | | | | | |
| | Bypass/Roux-En-Y | | | | | | | | | | |
| 58150 | Total Hysterectomy | 31 | 3 | 34 | | | | | | | |
| 22551 | Neck Spine Fusion | 16 | 3 | 19 | | | | | | | |
| | | | | | | | | | | | |
| 22633 | Lumbar Spine Fusion Combined | 11 | 8 | 19 | | | | | | | |
| 99221 | Rehabilitation Facility – | 39 | 1 | 40 | | | | | | | |
| | Inpatient | | | | | | | | | | |
| Top 10 IP Diag | gnosis Codes and Descriptions | Approve | Deny | Total | | | | | | | |
| Diagnosis | Diagnosis Description | | | | | | | | | | |
| Code | | | | | | | | | | | |
| E6601 | Morbid Obesity | 94 | 2 | 96 | | | | | | | |
| O80 | Encounter for full term | 70 | 0 | 70 | | | | | | | |
| | uncomplicated pregnancy | | | | | | | | | | |
| 082 | Cesarean Delivery | 48 | 0 | 48 | | | | | | | |
| M1711 | Unilateral Primary | 41 | 1 | 42 | | | | | | | |
| | Osteoarthritis | | | | | | | | | | |

| Outpatient M | edical and Non-Medical Approv | als and Deni | als | | | | | | |
|----------------|-------------------------------|--------------|------|----------|--|--|--|--|--|
| Treating Prov | Treating Provider Specialties | | | | | | | | |
| Family Practic | e | | | | | | | | |
| Orthopedic Su | ırgery | | | | | | | | |
| Internal Medi | cine | | | | | | | | |
| Neurological S | Surgery | | | | | | | | |
| Urology | | | | | | | | | |
| Otolaryngolog | 5Y | | | | | | | | |
| General Surge | ry | | | | | | | | |
| Pediatrics | | | | | | | | | |
| Cardiovascula | r | | | | | | | | |
| Obstetrics and | d Gynecology | | | | | | | | |
| Top 10 OP Pr | ocedure Codes and | Approve | Deny | Total | | | | | |
| Descriptions | | | | | | | | | |
| Procedure | Procedure Description | | | | | | | | |
| Code | | | - | | | | | | |
| 97110 | Therapeutic Exercises | 1081 | 0 | 1081 | | | | | |
| 72148 | MRI Lumbar Spine w/o Dye | 298 | 2 | 300 | | | | | |
| 73721 | MRI Lower Extremity Joint | 344 | 0 | 344 | | | | | |
| | w/o Dye | | | | | | | | |
| 70553 | MRI Brain Stem | 292 | 3 | 295 | | | | | |
| 71260 | CT Thorax w/Dye | 264 | 3 | 267 | | | | | |
| 74177 | CT Abdomen & Pelvis | 219 | 0 | 219 | | | | | |
| | w/Contrast | | | | | | | | |
| 72141 | MRI Neck Spine w/o Dye | 201 | 2 | 203 | | | | | |
| 73221 | MRI Upper Extremity joint | 179 | 0 | 179 | | | | | |
| | w/o Dye | | | | | | | | |
| 74178 | CT Abdomen & Pelvis | 154 | 2 | 156 | | | | | |
| 99600 | Home Visits | 134 | 1 | 135 | | | | | |
| | | | | | | | | | |
| | agnosis Codes and | Approve | Deny | Total | | | | | |
| Descriptions | | | | | | | | | |
| Diagnosis | Diagnosis Code Description | | | | | | | | |
| Code | | | - | | | | | | |
| M25562 | Left Knee Pain | 151 | 0 | 151 | | | | | |
| M542 | Cervicalgia | 166 | 1 | 167 | | | | | |
| | Law Daal Date | 272 | 4 | 274 | | | | | |
| M545 | Low Back Pain | 273 | 1 | 274 | | | | | |
| M25561 | Right Knee Pain | 134 | 0 | 134 | | | | | |
| | | | | <u> </u> | | | | | |

| M1712 | Unilateral Primary Osteoarthritis | 33 | 0 | 33 | M25511 | Right Shoulder Pain | 116 | 0 | 116 |
|-------|--------------------------------------|----|---|----|--------|---------------------------|-----|---|-----|
| M1611 | Unilateral Primary Osteoarthritis | 15 | 1 | 16 | R51 | Headache | 101 | 5 | 106 |
| M1612 | Unilateral Primary Osteoarthritis | 17 | 0 | 17 | R109 | Abdominal Pain | 92 | 0 | 92 |
| D259 | Leiomyoma of Uterus NOS | 13 | 0 | 13 | R911 | Solitary Pulmonary Nodule | 68 | 1 | 69 |
| M5136 | Disc Degeneration NEC Lumbar | 5 | 4 | 9 | M25512 | Left Shoulder Pain | 67 | 0 | 67 |
| M5116 | Disc Disorders with Radiculopathy | 4 | 2 | 6 | M5416 | Lumbar Radiculopathy | 67 | 1 | 68 |

Quarter Three, 7/1/2018 – 9/30/2018

| Inpatient Me | dical and Non-Medical Approvals and | Denials | | |
|-------------------|--|---------|------|-------|
| - | vider Specialties | | | |
| Obstetrics & | | | | |
| General Surge | | | | |
| Orthopedic S | | | | |
| Neurological | | | | |
| Family & Gen | eral Practice | | | |
| Urology | | | | |
| Internal Med | icine | | | |
| Thoracic Surg | gery | | | |
| Neurology | | | | |
| Cardiovascula | | | - | |
| Top 10 IP Pro | cedure Codes and Descriptions | Approve | Deny | Total |
| Procedure | Procedure Description | | | |
| Code | | - | | - |
| 59400 | Obstetrical Care | 72 | 0 | 72 |
| 43775 | Laparoscopic Sleeve Gastrectomy | 65 | 0 | 65 |
| 59510 | Cesarean Delivery | 53 | 0 | 53 |
| 27447 | Total Knee Arthroplasty | 54 | 0 | 54 |
| 22551 | Neck Spinal Fusion | 8 | 1 | 9 |
| 27130 | Total Hip Arthroplasty | 32 | 0 | 32 |
| 99221 | Initial Hospital Care – Skilled Nursing Facility | 12 | 0 | 12 |
| 58150 | Total Hysterectomy | 19 | 0 | 19 |
| 43644 | Lap Gastric Bypass/Roux-En-Y | 16 | 1 | 17 |
| 99221 | Initial Hospital Care – Long Term Acute Care and Rehabilitation | 28 | 1 | 29 |
| Top 10 IP Dia | gnosis Codes and Descriptions | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| 080 | Encounter for Full Term Uncomp Pregnancy | 96 | 0 | 96 |
| E6601 | Morbid Obesity | 81 | 1 | 82 |
| 082 | Cesarean Delivery | 54 | 0 | 54 |
| M1711 | Unilateral Primary Osteoarthritis | 24 | 0 | 24 |

| Outpatient M | edical and Non-Medical Approval | s and Denia | ls | |
|----------------|------------------------------------|-------------|------|-------|
| Treating Provi | ider Specialties | | | |
| Family & Gene | eral Practice | | | |
| Orthopedic Su | irgery | | | |
| Internal Medio | cine | | | |
| Urology | | | | |
| Otolaryngolog | SY | | | |
| Neurology | | | | |
| Neurological S | Surgery | | | |
| Pediatrics | | | | |
| General Surge | ry | | | |
| Nephrology | | | | |
| Top 10 OP Pr | ocedure Codes and Descriptions | Approve | Deny | Total |
| Procedure | Procedure Description | | | |
| Code | | 1 | | 1 |
| 97110 | Therapeutic Exercises | 1124 | 0 | 1124 |
| 73721 | MRI Lower Extremity Joint | 443 | 1 | 444 |
| | w/o Dye | | | |
| 72148 | MRI Lumbar Spine w/o Dye | 355 | 0 | 355 |
| 71260 | CT Thorax w/ Dye | 259 | 2 | 261 |
| 70553 | MRI Brain Stem w/ and w/o Dye | 256 | 1 | 257 |
| 74177 | CT Abdomen & Pelvis w/Contrast | 251 | 0 | 251 |
| 72141 | MRI Neck & Spine w/o Dye | 210 | 0 | 210 |
| 73221 | MRI Upper Extremity Joint | 186 | 0 | 186 |
| 74176 | w/o Dye CT Abdomen & Pelvis w/o | 167 | 0 | 167 |
| 74170 | Contrast | 107 | 0 | 107 |
| 74178 | CT Abdomen & Pelvis | 166 | 0 | 166 |
| /41/0 | 1/>Regns | 100 | Ŭ | 100 |
| Top 10 OP Dia | agnosis Codes and Descriptions | Approve | Deny | Total |
| Diagnosis | Diagnosis Code Description | | | |
| Code | 5FF | | | |
| M545 | Low Back Pain | 312 | 0 | 312 |
| M25561 | Right Knee Pain | 200 | 0 | 200 |
| M542 | Cervicalgia | 183 | 3 | 186 |
| M25562 | Left Knee Pain | 200 | 0 | 200 |

| M1712 | Unilateral Primary Osteoarthritis | 24 | 0 | 24 | M5416 | Radiculopathy Lumbar Region | 100 | 1 | 101 |
|-------|-----------------------------------|----|---|----|--------|-------------------------------|-----|---|-----|
| M1611 | Unilateral Primary Osteoarthritis | 13 | 0 | 13 | R51 | Headache | 92 | 3 | 95 |
| M1612 | Unilateral Primary Osteoarthritis | 10 | 0 | 10 | R109 | Abdominal Pain | 81 | 0 | 81 |
| M170 | Bilateral Primary Osteoarthritis | 6 | 0 | 6 | M25511 | Right Shoulder Pain | 112 | 0 | 112 |
| 1480 | Paraxysmal Atrial Fibrillation | 4 | 1 | 5 | M25512 | Left Shoulder Pain | 72 | 0 | 72 |
| D251 | Intramural Leiomyoma Uterus | 4 | 0 | 4 | M5412 | Radiculopathy Cervical Region | 64 | 0 | 64 |

Quarter Four, 10/1/2018 – 12/31/2018

| Inpatient Med | lical and Non-Medical Approvals and E | Denials | | |
|-------------------|--|---------|------|-------|
| | ider Specialties | | | |
| Orthopedic Su | urgery | | | |
| Obstetrics & G | Synecology | | | |
| Neurological S | Surgery | | | |
| General Surge | ry | | | |
| Internal Medie | cine | | | |
| Family & Gene | eral Practice | | | |
| Urology | | | | |
| Physical Medi | cine & Rehabilitation | | | |
| Cardiovascula | r Surgery | | | |
| Nephrology | | | | _ |
| Top 10 IP Proc | cedure Codes and Descriptions | Approve | Deny | Total |
| Procedure | Procedure Description | | | |
| Code | | 1 | 1 | |
| 99221 | Initial Hospital Care | 85 | 4 | 89 |
| 27447 | Total Knee Replacement | 83 | 2 | 85 |
| 59400 | Obstetrical Care | 77 | 0 | 77 |
| 27130 | Total Hip Replacement | 50 | 0 | 50 |
| 59510 | Cesarean Delivery | 48 | 0 | 48 |
| 58150 | Total Hysterectomy | 22 | 2 | 24 |
| 43775 | Laparoscopic Sleeve Gastrectomy | 20 | 0 | 20 |
| 22633 | Lumbar Spinal Fusion Combined | 12 | 6 | 18 |
| 22551 | Neck Spinal Fusion | 12 | 1 | 13 |
| 43644 | Laparoscopic Gastric Bypass | 12 | 0 | 12 |
| Top 10 IP Diag | nosis Codes and Descriptions | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| 080 | Encounter Full Term Uncomplicated | 77 | 0 | 77 |
| | Pregnancy | | | |
| 082 | Encounter for Cesarean Delivery | 49 | 0 | 49 |
| M1712 | Unilateral Primary Osteoarthritis | 42 | 0 | 42 |
| M1711 | Unilateral Primary Osteoarthritis | 35 | 1 | 36 |
| E6601 | Morbid Obesity | 29 | 1 | 30 |
| M1611 | Unilateral Primary Osteoarthritis | 25 | 0 | 25 |
| M1612 | Unilateral Primary Osteoarthritis | 20 | 0 | 20 |

| Outpatient M | edical and Non-Medical Approval | s and Denia | ls | | | | | | |
|----------------|---------------------------------|-------------|------|-------|--|--|--|--|--|
| Treating Prov | ider Specialties | | | | | | | | |
| Family & Gene | eral Practice | | | | | | | | |
| Orthopedic Su | irgery | | | | | | | | |
| Internal Medie | cine | | | | | | | | |
| Urology | | | | | | | | | |
| Otolaryngolog | 5 Y | | | | | | | | |
| Medical Onco | logy | | | | | | | | |
| Neurosurgery | | | | | | | | | |
| General Surge | ry | | | | | | | | |
| Pediatrics | | | | | | | | | |
| Nephrology | | | | | | | | | |
| Top 10 OP Pr | ocedure Codes and Descriptions | Approve | Deny | Total | | | | | |
| Procedure | Procedure Description | | | | | | | | |
| Code | | | | | | | | | |
| 97110 | Therapeutic Exercises | 1154 | 0 | 1154 | | | | | |
| 73721 | MRI of Lower Extremity Join | 319 | 1 | 320 | | | | | |
| | w/o Dye | | | | | | | | |
| 72148 | MRI Lumbar Spine w/o Dye | 277 | 0 | 277 | | | | | |
| 70553 | MRI Brain Stem with and w/o | 254 | 0 | 254 | | | | | |
| | Dye | | | | | | | | |
| 71260 | CT Thorax with Dye | 245 | 1 | 246 | | | | | |
| 74177 | CT Abdomen & Pelvis | 217 | 0 | 217 | | | | | |
| | w/Contrast | | _ | | | | | | |
| 72141 | MRI Neck Spine w/o Dye | 193 | 0 | 193 | | | | | |
| 73221 | MRI Upper Extremity Joint w/o | 169 | 1 | 170 | | | | | |
| | Dye | | | | | | | | |
| 74178 | CT Abdomen & Pelvis | 153 | 0 | 153 | | | | | |
| 74176 | CT Abdomen & Pelvis w/o | 146 | 0 | 146 | | | | | |
| | Contrast | | | | | | | | |
| | agnosis Codes and Descriptions | Approve | Deny | Total | | | | | |
| Diagnosis | Diagnosis Code Description | | | | | | | | |
| Code | Law Bash Bata | 254 | 4 | 252 | | | | | |
| M545 | Low Back Pain | 251 | 1 | 252 | | | | | |
| N4542 | Convicalaia | 156 | 0 | 156 | | | | | |
| M542 | Cervicalgia | 156 | 0 | 156 | | | | | |
| M25561 | Right Knee Pain | 133 | 0 | 133 | | | | | |
| M25562 | Left Knee Pain | 124 | 1 | 125 | | | | | |
| M25511 | Right Shoulder Pain | 117 | 0 | 117 | | | | | |
| R51 | Headache Abdaminal Bain | 105 | 1 | 105 | | | | | |
| R109 | Abdominal Pain | 97 | 0 | 97 | | | | | |

| M5116 | Disc Disorders with Radiculopathy | 12 | 2 | 14 | M25512 | Left Shoulder Pain | 82 | 0 | 82 |
|-------|-----------------------------------|----|---|----|--------|-------------------------------|----|---|----|
| C61 | Malignant Neoplasm of Prostate | 14 | 0 | 14 | M5416 | Radiculopathy Lumbar Region | 81 | 0 | 81 |
| M4316 | Spondylolisthesis – Lumbar | 5 | 2 | 7 | M5412 | Radiculopathy Cervical Region | 74 | 0 | 74 |

Quarter One, 1/1/2019 – 3/31/2019

| | edical and Non-Medical Approvals and I | Denials | | | | | | | | |
|--|--|-----------|------|-------|--|--|--|--|--|--|
| _ | vider Specialties | | | | | | | | | |
| Urology | | | | | | | | | | |
| Neurosurger Orthopedic S | | | | | | | | | | |
| Thoracic Sur | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Top 10 IP Pro | ocedure Codes and Descriptions | Approve | Deny | Total | | | | | | |
| Procedure Code | Procedure Description | | | | | | | | | |
| 51900 | Repair of Bladder/Vaginal Lesion | 1 | 0 | 1 | | | | | | |
| 50081 | Removal of Kidney Stone | 1 | 0 | 1 | | | | | | |
| 22633 | Lumbar Spine Fusion Combined | 0 | 1 | 1 | | | | | | |
| 27130 | Total Hip Replacement | 1 | 0 | 1 | | | | | | |
| 33405 | Replacement of Aortic Valve | 1 | 0 | 1 | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Top 10 IP Dia | agnosis Codes and Descriptions | Approve | Deny | Total | | | | | | |
| Diagnosis | Diagnosis Description | , ippicae | Deny | 19141 | | | | | | |
| Code | | | | | | | | | | |
| N820 | Vesicovaginal Fistula | 1 | 0 | 1 | | | | | | |
| N200 | Kidney Calculus | 1 | 0 | 1 | | | | | | |
| M4726 Spondylosis NEC with radiculopathy 0 1 1 | | | | | | | | | | |
| M8700 | Idiopathic Aseptic Necrosis | 1 | 0 | 1 | | | | | | |
| 1808 | Rheumatic Disorders | 1 | 0 | 1 | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Outpatient N | ledical and Non-Medical Approval | s and Denia | ls | | | | | | | |
|----------------|----------------------------------|-------------|------|-------|--|--|--|--|--|--|
| Treating Prov | vider Specialties | | | | | | | | | |
| Orthopedic S | urgery | | | | | | | | | |
| Family Medic | ine | | | | | | | | | |
| Internal Med | cine | | | | | | | | | |
| Neurosurgery | , | | | | | | | | | |
| Urology | | | | | | | | | | |
| Infectious Dis | ease | | | | | | | | | |
| Neurology | | | | | | | | | | |
| Physical Med | icine and Rehabilitation | | | | | | | | | |
| Pain Manage | ment | | | | | | | | | |
| Oncologist | | | | | | | | | | |
| Top 10 OP P | rocedure Codes and Descriptions | Approve | Deny | Total | | | | | | |
| Procedure | Procedure Description | | | | | | | | | |
| Code | | | - | | | | | | | |
| 97110 | Therapeutic Exercises | 19 | 0 | 19 | | | | | | |
| 97161 | Low Complex Physical Therapy | 7 | 0 | 7 | | | | | | |
| | Evaluation | | | | | | | | | |
| G0299 | Skilled Nursing Services Home | 3 | 0 | 3 | | | | | | |
| | Health/Hospice | | | | | | | | | |
| 97140 | Manual Therapy | 3 | 0 | 3 | | | | | | |
| S9131 | Home Physical Therapy | 2 | 0 | 2 | | | | | | |
| G0151 | Home Health/Hospice | 2 | 0 | 2 | | | | | | |
| 97112 | Neuromuscular Reeducation | 2 | 0 | 2 | | | | | | |
| 97162 | Moderate Complex Physical | 2 | 0 | 2 | | | | | | |
| | Therapy Evaluation | | | | | | | | | |
| 99601 | Home Infusion Visit | 1 | 0 | 1 | | | | | | |
| S9129 | Home Occupational Therapy | 1 | 0 | 1 | | | | | | |
| - | iagnosis Codes and Descriptions | Approve | Deny | Total | | | | | | |
| Diagnosis | Diagnosis Code Description | | | | | | | | | |
| Code | | I - | - | - | | | | | | |
| M545 | Low Back Pain | 4 | 0 | 4 | | | | | | |
| Z96652 | Presence Left Artificial Knee | 3 | 0 | 3 | | | | | | |
| J392 | Diseases Pharynx NEC | 2 | 0 | 2 | | | | | | |
| M1711 | Unilateral Primary | 2 | 0 | 2 | | | | | | |
| | Osteoarthritis | | - | | | | | | | |
| Z471 | Aftercare Following Joint | 3 | 0 | 3 | | | | | | |
| Replacement | | | | | | | | | | |
| 16340 | Cerebral Infarction D/T | 2 | 0 | 2 | | | | | | |
| | Embolism | | | | | | | | | |

| | | | 1890 | Lymphedema NEC | 2 | 0 | 2 |
|--|--|--|--------|----------------|---|---|---|
| | | | M25552 | Pain Left Hip | 2 | 0 | 2 |
| | | | M25562 | Pain Left Knee | 2 | 0 | 2 |
| | | | R310 | Hematuria | 1 | 0 | 1 |

Quarter Two, 4/1/2019 - 6/30/2019

| Cardiac Surgeon | | | | |
|-----------------------|---------------------------------|---------|------|-------|
| | | | | |
| | | | | |
| Top 10 IP Procedure (| Codes and Descriptions | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 33533 | Coronary Artery Bypass Graft | 1 | 0 | 1 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Top 10 IP Diagnosis C | odes and Descriptions | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| 1209 | Angina | 1 | 0 | 1 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Outpatient Medical | and Non-Medical Ap | provals and D | enials | |
|---------------------------|--------------------------------------|---------------|--------|-------|
| Treating Provider S | pecialties | | | |
| Oncology | | | | |
| Neurology | | | | |
| General Surgery | | | | |
| Ophthalmology | | | | |
| Family & General Pr | actice | | | |
| Top 10 OP Procedu | re Codes and | Approve | Deny | Total |
| Descriptions | | | | |
| Procedure Code | Procedure Desc | ription | | |
| 71260 | CT THORAX W/DYE | 2 | 0 | 2 |
| 95810 | POLYSOM 6/> YRS 4/> PARAM | 1 | 0 | 1 |
| 74177 | CT ABD & PELV W/CONTRAST | 1 | 0 | 1 |
| 67904 | REPAIR EYELID DEFECT | 1 | 0 | 1 |
| 71275 | CT ANGIOGRAPHY CHEST | 1 | 0 | 1 |
| Top 10 OP Diagnos | is Codes and | Approve | Deny | Total |
| Descriptions | | | | |
| Diagnosis Code | Diagnosis Code D | escription | | |
| Z780 | Asymptomatic menopausal state | 2 | 0 | 2 |
| G4730 | Sleep apnea NOS | 1 | 0 | 1 |
| R109 | Abdominal pain NOS | 1 | 0 | 1 |
| H02411 | Mechanical ptosis right eyelid | 1 | 0 | 1 |
| R079 | Chest pain NOS | 1 | 0 | 1 |

Quarter Three, 7/1/2019 - 9/30/2019

| Inpatient Medical an | nd Non-Medical Approvals and Den | ials | | | | Outpatient Medical | and Non-Medical Ap | provals and De | enials | |
|-----------------------------|----------------------------------|---------|------|-------|--|-----------------------------------|--|----------------|--------|-------|
| Treating Provider Sp | ecialties | | | | | Treating Provider Specialties | | | | |
| Cardiology | | | | | | General Surgery | | | | |
| Top 10 IP Procedure | Codes and Descriptions | Approve | Deny | Total | | Top 10 OP Procedu Descriptions | re Codes and | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | | | Procedure Code | Procedure Desc | ription | | |
| 33361 | Replace Aortic Valve | 1 | 0 | 1 | | 74177 | CT of Abdomen and Pelvis with Contrast | 1 | 0 | 1 |
| Top 10 IP Diagnosis (| Codes and Descriptions | Approve | Deny | Total | | Top 10 OP Diagnos Descriptions | is Codes and | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | | | Diagnosis Code | Diagnosis Code D | escription | | |
| 1350 | Nonrheumatic aortic stenosis | 1 | 0 | 1 | | 181 | Portal Vein Thrombosis | 1 | 0 | 1 |

Quarter Four, 10/1/2019 – 12/31/2019

| Inpatient Medical and Non- | Medical Approvals and Denia | ls | | | | | | | | | | |
|---|-----------------------------|---------|------|-------|--|--|--|--|--|--|--|--|
| Treating Provider Specialtie | 25 | | | | | | | | | | | |
| n/a | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Top 10 IP Procedure Codes and Descriptions Approve Deny Total | | | | | | | | | | | | |
| Procedure Procedure Description Code | | | | | | | | | | | | |
| 0 | n/a | 0 | 0 | 0 | | | | | | | | |
| | | | | | | | | | | | | |
| Top 10 IP Diagnosis Codes a | and Descriptions | Approve | Deny | Total | | | | | | | | |
| Diagnosis Code | | | | | | | | | | | | |
| 0 | n/a | 0 | 0 | 0 | | | | | | | | |
| | | | | | | | | | | | | |

| Outpatient Medica | l and Non-Medical App | rovals and De | nials | | | | | | | | | |
|--|-----------------------|---------------|-------|-------|--|--|--|--|--|--|--|--|
| Treating Provider Specialties | | | | | | | | | | | | |
| Neurology | | | | | | | | | | | | |
| Internal Medicine | | | | | | | | | | | | |
| Top 10 OP Procedure Codes and Approve Deny Total | | | | | | | | | | | | |
| Descriptions | | | | | | | | | | | | |
| Procedure | Procedure Descript | ion | | | | | | | | | | |
| Code | | | | | | | | | | | | |
| 62270 | Injection, Drainage, | 1 | 0 | 1 | | | | | | | | |
| | or Aspiration of | | | | | | | | | | | |
| | Lumbar Spine | | | | | | | | | | | |
| 74178 | CT of Abdomen and | 1 | 0 | 1 | | | | | | | | |
| | Pelvis | | | | | | | | | | | |
| Top 10 OP Diagnos | sis Codes and | Approve | Deny | Total | | | | | | | | |
| Descriptions | | | | | | | | | | | | |
| Diagnosis Code | Diagnosis Code Descr | iption | | | | | | | | | | |
| | | | | | | | | | | | | |
| G932 | Benign Intracranial | 1 | 0 | 1 | | | | | | | | |
| | Hypertension | | | | | | | | | | | |
| R109 | Abdominal Pain | 1 | 0 | 1 | | | | | | | | |

Quarter One, 1/1/2020 - 3/31/2020

| Inpatient Medical an | nd Non-Medical Approvals and Denia | ls | | | Outpatient Medica | l and Non-Medical App | rovals and De | nials | | | |
|-----------------------------|------------------------------------|---------|-----------------|-------|-----------------------------------|-----------------------|---------------|-------|-------|--|--|
| Treating Provider Sp | ecialties | | | | Treating Provider S | Specialties | | | | | |
| Orthopedic | | | | | Colon and Rectal Surgery | | | | | | |
| | | | Family Medicine | | | | | | | | |
| Top 10 IP Procedure | Codes and Descriptions | Approve | Deny | Total | Top 10 OP Proced Descriptions | ure Codes and | Approve | Deny | Total | | |
| Procedure | Procedure Description | | | | Procedure | Procedure Descript | ion | | | | |
| Code | | | | | Code | | | | | | |
| 27447 | Total Knee Replacement | 1 | 0 | 1 | 76020 | Placement of Seton | 1 | 0 | 1 | | |
| | | | | | 71260 | CT of Thorax with | 1 | 0 | 1 | | |
| | | | | | | Dye | | | | | |
| Top 10 IP Diagnosis | Codes and Descriptions | Approve | Deny | Total | Top 10 OP Diagnos Descriptions | sis Codes and | Approve | Deny | Total | | |
| Diagnosis Code | Diagnosis Description | | | | Diagnosis Code | Diagnosis Code Desc | ription | · | | | |
| M1711 | Unilateral Primary | 1 | 0 | 1 | K603 | Anal Fistula | 1 | 0 | 1 | | |
| | Osteoarthritis | | | | | | | | | | |
| | | | | | R911 | Solitary Pulmonary | 1 | 0 | 1 | | |
| | | | | | | Nodule | | | | | |

Quarter Two, 4/1/2020 - 6/30/2020

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | | Outpatient Medical and Non-Medical Approvals and Denials | | | | | |
|---|---------------------------------|---------|------|-------|--|---|---------------------------|----------|--|-------|--|
| Treating Provider Specialties | | | | | | Treating Provider Sp | oecialties | | | | |
| Surgical Neurology | | | | | | Oncology | | | | | |
| Top 10 IP Procedure Codes and Descriptions Approve Deny Total | | | | | | Top 10 OP Procedure Codes and Approve Deny Total Descriptions Image: Code state sta | | | | | |
| Procedure | ocedure Procedure Description | | | | | | ure Procedure Description | | | | |
| Code | | | | | | Code | - | | | | |
| 63267 | Excise Interspinal Lesion | 1 | | 1 | | 78815 | PET Imaging | 1 | | 1 | |
| Top 10 IP Diagnosis Cod | les and Descriptions | Approve | Deny | Total | | Top 10 OP Diagnosis Codes and Approve Deny Total Descriptions Image: Comparison of the second of the | | | | Total | |
| Diagnosis | Diagnosis Diagnosis Description | | | | | Diagnosis Code | Diagnosis Code Des | cription | | | |
| Code | | | | | | | | | | | |
| M7130 | Bursal Cyst | 1 | | 1 | | D7589 | Diseases of Blood | 1 | | 1 | |

Quarter Three, 7/1/2020 - 9/30/2020

| Inpatient Medical and Nor | Inpatient Medical and Non-Medical Approvals and Denials | | | | | Outpatient Medical a | and Non-Medical App | ovals and De | nials | | |
|-----------------------------|---|---------|------|-------|--|-------------------------------------|---------------------------------|--------------|-------|-------|--|
| Treating Provider Specialti | es | | | | | Treating Provider Specialties | | | | | |
| | | | | | | Orthopedic Surgery | | | | | |
| Top 10 IP Procedure Codes | and Descriptions | Approve | Deny | Total | | Top 10 OP Procedure Descriptions | e Codes and | Approve | Deny | Total | |
| Procedure | Procedure Description | - | | | | Procedure | Procedure Descri | otion | | | |
| Code | Code | | | | | | | | | | |
| | | | | | | 72148 | MRI of Lumbar Spine | 1 | | 1 | |
| Top 10 IP Diagnosis Codes | and Descriptions | Approve | Deny | Total | | Top 10 OP Diagnosis Descriptions | Codes and | Approve | Deny | Total | |
| Diagnosis Code | | | | | | Diagnosis Code | Diagnosis Code Des | cription | | | |
| | | | | | | M5136 | Disc Degeneration NEC Lumbar | 1 | | 1 | |

Quarter Four, 10/1/2020 – 12/31/2020

| Inpatient Medical a | nd Non-Medical Approvals and Denia | als | | | | | Outpatient Medica | l and Non-Medical Appro | ovals an | d Dei | nials | |
|----------------------|------------------------------------|-------|-----|---------------------|------|-----|---------------------|-------------------------|----------|-------|-------|-------|
| Treating Provider Sp | pecialties | | | | | | Treating Provider S | Specialties | | | | |
| Family Medicine | | | | Gynecology Oncology | | | | | | | | |
| Physical Medicine ar | nd Rehabilitation | | | | | | Hematology Oncolo | ogy | | | | |
| | | | | | | | Family Medicine | | | | | |
| Top 10 IP Procedure | e Codes and Descriptions | Appro | ove | Deny | То | tal | Top 10 OP Procedu | ure Codes and | Appro | ve | Deny | Total |
| | | | | | | | Descriptions | | | | | |
| Procedure | Procedure Description | | | | | | Procedure | Procedure Descriptio | n | | | |
| Code | | | | | | | Code | | | | | |
| 99221 | Initial Hospital Care | | 2 | 0 | | 2 | 58571 | Hysterectomy | | 1 | 0 | 1 |
| | | | | | | | 74178 | CT of Abdomen and Pel | lvis | 1 | 0 | 1 |
| | | | | | | | 70450 | CT of Head and Brain | | 1 | 0 | 1 |
| | | | | | | | | without Dye | | | | |
| Top 10 IP Diagnosis | Codes and Descriptions | Appro | ove | Deny | Tota | al | Top 10 OP Diagnos | sis Codes and | Appro | ve | Deny | Total |
| | | | | | | | Descriptions | | | | | |
| Diagnosis | Diagnosis Description | | | | | | Diagnosis Code | Diagnosis Code Descrip | otion | | | |
| Code | | | | | | | | | | | | |
| J9601 | Acute Respiratory Failure | | 1 | 0 |) | 1 | C541 | Malignant Neoplasm of | f | 1 | 0 | 1 |
| | | | | | | | | Endometrium | | | | |
| 16340 | Cerebral Infarction | | 1 | 0 |) | 1 | D509 | Iron Deficiency Anemia | 1 | 1 | 0 | 1 |
| | | | | | | | G43909 | Intractable Migraines | | 1 | 0 | 1 |

Quarter One, 1/1/2021 – 3/31/2021

| Inpatient Medical and | Non-Medical Approvals and | Denials | | | |
|------------------------|--------------------------------|---------|-------|------|------|
| Treating Provider Spec | ialties | | | | |
| | | | | | |
| There were no requests | for inpatient services in 2021 | , Q1. | | | |
| | | | | | |
| Top 10 IP Procedure Co | adas and Descriptions | Approve | Deny | Т | otal |
| Procedure | Procedure Descriptions | | Delly | | Jiai |
| Code | | | | | |
| n/a | n/a | n/a | | n/a | n/a |
| 11/ d | Π/a | ii/a | | ny a | Π/a |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Top 10 IP Diagnosis Co | des and Descriptions | Approve | Deny | To | tal |
| Diagnosis Code | Diagnosis Descriptio | n | | | |
| n/a | n/a | n/a | | n/a | n/a |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Outpatient Medica | l and Non-Medical Approvals and De | nials | | | | | | | | | | |
|--------------------------|------------------------------------|---------|------|-------|--|--|--|--|--|--|--|--|
| Treating Provider S | pecialties | | | | | | | | | | | |
| Gastroenterology | Gastroenterology | | | | | | | | | | | |
| Hematology Oncolo | Hematology Oncology | | | | | | | | | | | |
| Family Medicine | Family Medicine | | | | | | | | | | | |
| Orthopedic Surgery | Orthopedic Surgery | | | | | | | | | | | |
| Top 10 OP Procedu | re Codes and Descriptions | Approve | Deny | Total | | | | | | | | |
| Procedure | Procedure Description | | | | | | | | | | | |
| Code | | | | | | | | | | | | |
| 71552 | MRI Chest with and without Dye | 1 | 0 | 1 | | | | | | | | |
| G0299 | In-Home Nursing Care | 4 | 0 | 4 | | | | | | | | |
| 72141 | MRI Neck and Spine without Dye | 1 | 0 | 1 | | | | | | | | |
| 73721 | MRI of Lower Extremity Joint | 1 | 0 | 1 | | | | | | | | |
| | without Dye | | | | | | | | | | | |
| 74178 | CT of Abdomen and Pelvis | 2 | 0 | 2 | | | | | | | | |
| Top 10 OP Diagnos | is Codes and Descriptions | Approve | Deny | Total | | | | | | | | |
| Diagnosis Code | Diagnosis Code Description | | | | | | | | | | | |
| M899 | Bone Disorder NOS | 1 | 0 | 1 | | | | | | | | |
| J129 | Viral Pneumonia NOS | 4 | 0 | 4 | | | | | | | | |
| M25512 | Left Shoulder Pain | 1 | 0 | 1 | | | | | | | | |
| S83242 | Joint Injury | 1 | 0 | 1 | | | | | | | | |
| D509 | Iron Deficiency Anemia | 1 | 0 | 1 | | | | | | | | |
| R1012 | Left Upper Quadrant Pain | 1 | 0 | 1 | | | | | | | | |

Quarter Two, 4/1/2021 - 6/30/2021

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | | | | | |
|---|--------------------------------|---------|------|-------|--|--|--|--|--|
| Treating Provider Specialties | 5 | | | | | | | | |
| There were no requests for ir | npatient services in 2021, Q2. | | | | | | | | |
| | | | - | | | | | | |
| Top 10 IP Procedure Codes a | and Descriptions | Approve | Deny | Total | | | | | |
| Procedure Code Procedure Description | | | | | | | | | |
| | | | | | | | | | |
| n/a | n/a | n/a | n/a | n/a | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Top 10 IP Diagnosis Codes a | nd Descriptions | Approve | Deny | Total | | | | | |
| Diagnosis Code | Diagnosis Description | | | | | | | | |
| n/a | n/a | n/a | n/a | n/a | | | | | |
| | | | | | | | | | |

| Outpatient Medica | Outpatient Medical and Non-Medical Approvals and Denials | | | | | | | | | |
|---------------------|--|---------|------|-------|--|--|--|--|--|--|
| Treating Provider S | pecialties | | | | | | | | | |
| Family Medicine | Family Medicine | | | | | | | | | |
| Pain Management | | | | | | | | | | |
| Top 10 OP Procedu | re Codes and Descriptions | Approve | Deny | Total | | | | | | |
| Procedure | Procedure Description | | | | | | | | | |
| Code | | | | | | | | | | |
| 74177 | CT of Abdomen and Pelvis with | 1 | 0 | 1 | | | | | | |
| | Contrast | | | | | | | | | |
| 64483 | NJX AA&/STRD TFRM EPI L/S 1 | 0 | 1 | 1 | | | | | | |
| Top 10 OP Diagnos | is Codes and Descriptions | Approve | Deny | Total | | | | | | |
| Diagnosis Code | Diagnosis Code Description | | | | | | | | | |
| R109 | Abdominal Pain | 1 | 0 | 1 | | | | | | |
| M5416 | Radiculopathy | 0 | 1 | 1 | | | | | | |

Quarter Three, 7/1/2021 - 9/30/2021

| Inpatient Medical and | Non-Medical Approvals and Den | ials | | | Outpatient Medica | al and Non-Medical Approvals and | Denials | | |
|------------------------|-------------------------------|---------|------|--------------------|---------------------------------------|----------------------------------|---------|------|-------|
| Treating Provider Spec | cialties | | | | Treating Provider | | | | |
| Psychiatry | | | | There were no requ | lests for outpatient services in 202. | 1, Q3. | | | |
| Top 10 IP Procedure Co | odes and Descriptions | Approve | Deny | Total | Top 10 OP Proced | ure Codes and Descriptions | Approve | Deny | Total |
| Procedure | Procedure Description | | | | Procedure | Procedure Description | | | |
| Code | | | | | Code | | | | |
| 99221 | Initial Hospital Care | 1 | 0 | 1 | 0 | | | | 0 |
| Top 10 IP Diagnosis Co | des and Descriptions | Approve | Deny | Total | Top 10 OP Diagno | sis Codes and Descriptions | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | | Diagnosis Code | Diagnosis Code Description | | | |
| F33.2 | MDD recurrent severe | 1 | 0 | 1 | 0 | | | | 0 |
| | w/o psych | | | | | | | | |

Quarter One, 1/1/2022 - 3/31/2022

| Inpatient Medical and | Non-Medical Approvals and Deni | als | | | | Outpatient Medica | al and Non-Medical Approvals and Den | ials | | |
|-------------------------|------------------------------------|---------|------|-------|---|-------------------|--------------------------------------|---------|------|-------|
| Treating Provider Speci | ialties | | | | | Treating Provider | Specialties | | | |
| There were no requests | for inpatient services in Q1, 2022 | | | | | Surgical Oncology | | | | |
| | | | | | | Oncology | | | | |
| | | | | | | Family Practice | | | | |
| Top 10 IP Procedure Co | odes and Descriptions | Approve | Deny | Total | | Top 10 OP Proced | ure Codes and Descriptions | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | | | Procedure | Procedure Description | | | |
| | | | | | | Code | | | | |
| n/a | | | | 0 | | Q0138 | INJ FERUMOXYTOL IDA 1 MG NON- | 0 | 1 | 1 |
| | | | | | | | ESRD | | | |
| | | | | | | 46080 | INCISION OF ANAL SPHINCTER | 1 | 0 | 1 |
| | | | | | | J9070 | CYCLOPHOSPHAMIDE 100 MG | 2 | 0 | 2 |
| | | | | | | 70553 | MRI BRAIN STEM W/O & W/DYE | 1 | 0 | 1 |
| Top 10 IP Diagnosis Co | des and Descriptions | Approve | Deny | Total | | Top 10 OP Diagno | sis Codes and Descriptions | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | | | Diagnosis Code | Diagnosis Code Description | | | |
| n/a | | | | 0 | | K601 | Chronic anal fissure | 1 | 1 | 2 |
| | | | | | | C9000 | Multiple myeloma no remission | 2 | 0 | 2 |
| | | | | | 1 | G250 | Essential tremor | 1 | 0 | 1 |

Quarter Two, 4/1/2022 - 6/30/2022

| Inpatient Medical and | d Non-Medical Approvals and De | nials | | | Outpatient Medi | cal and Non-Medical Approvals and Der | ials | | |
|------------------------|--------------------------------------|---------|------|-------|-------------------|---------------------------------------|---------|------|-------|
| Treating Provider Spe | cialties | | | | Treating Provide | r Specialties | | | |
| There were no request | ts for inpatient services in Q2, 20. | 22. | | | Family Medicine | | | | |
| | | | | | Colorectal Surgeo | n | | | |
| Top 10 IP Procedure C | Codes and Descriptions | Approve | Deny | Total | Top 10 OP Proce | dure Codes and Descriptions | Approve | Deny | Total |
| Procedure | Procedure Description | | | | Procedure | Procedure Description | | | |
| Code | | | | | Code | | | | ľ |
| n/a | | | | 0 | 72148 | MRI of Lumbar Spine without dye | 1 | 0 | 1 |
| | | | | | 46255 | Remove Int/Ext Hemorrhoids | 1 | 0 | 1 |
| Top 10 IP Diagnosis Co | odes and Descriptions | Approve | Deny | Total | Top 10 OP Diagn | osis Codes and Descriptions | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | | Diagnosis Code | Diagnosis Code Description | | | |
| n/a | | | | 0 | M5137 | IV Disc Degeneration NEC Lumbo | 1 | 0 | 1 |
| | | | | | К642 | 3 rd Degree Hemorrhoids | 1 | 0 | 1 |

Quarter Three, 7/1/2022 – 9/30/2022

| Inpatient Medical and Non-I | Medical Approvals and Denia | als | | | | Outpatient Medica | al and Non-Medical Approvals and Den | ials | | |
|-------------------------------|------------------------------------|---------|------|-------|-------------------------------|--------------------|--------------------------------------|---------|------|-------|
| Treating Provider Specialties | 5 | | | | Treating Provider Specialties | | | | | |
| There were no requests for in | or inpatient services in Q3, 2022. | | | | | Orthopedic Surgery | | | | |
| Top 10 IP Procedure Codes a | and Descriptions | Approve | Deny | Total | | Top 10 OP Proced | ure Codes and Descriptions | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | | | Procedure | Procedure Description | | | |
| | | | | | | Code | | | | |
| n/a | | | | 0 | | 73721 | MRI JNT OF LWR EXTRE W/O DYE | 1 | 0 | 1 |
| Top 10 IP Diagnosis Codes a | nd Descriptions | Approve | Deny | Total | | Top 10 OP Diagno | sis Codes and Descriptions | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | | | Diagnosis Code | Diagnosis Code Description | | | |
| n/a | | | | 0 | | S83222A | Periph tear MED menisc | 1 | 0 | 1 |

Quarter Four, 10/1/2022 – 12/31/2022

| Inpatient Medical and No | on-Medical Approvals and Den | ials | | | | Outpatient Medica | al and Non-Medical Approvals and De | enials | | |
|---------------------------------|-----------------------------------|---------|------|-------|---|---------------------|---|---------|------|-------|
| Treating Provider Specia | lties | | | | | Treating Provider S | Specialties | | | |
| There were no requests for | or inpatient services in Q4, 2022 | | | | | There were no requ | iests for outpatient services in Q4, 20 | 22. | | |
| Top 10 IP Procedure Cod | es and Descriptions | Approve | Deny | Total | | Top 10 OP Proced | ure Codes and Descriptions | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | | | Procedure Code | Procedure Description | | | |
| n/a | | | | 0 | - | n/a | | | | 0 |
| Top 10 IP Diagnosis Code | es and Descriptions | Approve | Deny | Total | | Top 10 OP Diagnos | sis Codes and Descriptions | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | | | Diagnosis Code | Diagnosis Code Description | | | |
| n/a | | | | 0 | | n/a | | | | 0 |

Quarter One, 1/1/2023 - 3/31/2023

| Inpatient Medical and Non- | Medical Approvals and Denia | als | | | | Outpatient Medica | l and Non-Medical Approvals and De | nials | | |
|-------------------------------|--------------------------------|---------|---|-------|---|--------------------------|------------------------------------|---------|------|-------|
| Treating Provider Specialties | S | | | | Treating Provider Specialties | | | | | |
| There were no requests for in | npatient services in Q1, 2023. | | There were no requests for outpatient services in Q1, 2023. | | | | | | | |
| Top 10 IP Procedure Codes a | and Descriptions | Approve | Deny | Total | | Top 10 OP Procedu | are Codes and Descriptions | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | | | Procedure | Procedure Description | | | |
| | | | | | | Code | | | | |
| n/a | | | | 0 | | n/a | | | | 0 |
| Top 10 IP Diagnosis Codes a | nd Descriptions | Approve | Deny | Total | | Top 10 OP Diagnos | sis Codes and Descriptions | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | | Diagnosis Code Diagnosis Code Description | | | | | |
| n/a | | | | 0 | | n/a | | | | 0 |

Quarter Two, 4/1/2023 - 6/30/2023

| Inpatient Medical and Non-M | Inpatient Medical and Non-Medical Approvals and Denials | | | | | | | | |
|-------------------------------|---|---------|------|-------|--|--|--|--|--|
| Treating Provider Specialties | | | | | | | | | |
| There were no requests for in | patient services in Q1, 2023. | | | | | | | | |
| Top 10 IP Procedure Codes a | nd Descriptions | Approve | Deny | Total | | | | | |
| Procedure Code | Procedure Description | | | | | | | | |
| | | | | | | | | | |
| n/a | | | | 0 | | | | | |
| Top 10 IP Diagnosis Codes ar | nd Descriptions | Approve | Deny | Total | | | | | |
| Diagnosis Code | Diagnosis Code Diagnosis Description | | | | | | | | |
| n/a | | | | 0 | | | | | |

| Outpatient Medica | Outpatient Medical and Non-Medical Approvals and Denials | | | | | | | |
|-------------------------------|--|---------|------|-------|--|--|--|--|
| Treating Provider Specialties | | | | | | | | |
| Family Medicine | | | | | | | | |
| Top 10 OP Procedu | re Codes and Descriptions | Approve | Deny | Total | | | | |
| Procedure Code | Procedure Description | | | | | | | |
| | | | | | | | | |
| 73721 | MRI of lower joint | 1 | n/a | 1 | | | | |
| Top 10 OP Diagnos | is Codes and Descriptions | Approve | Deny | Total | | | | |
| Diagnosis Code | de Diagnosis Code Description | | | | | | | |
| M25561 | Knee pain | 1 | n/a | 1 | | | | |

Quarter Three, 7/1/2023 – 9/30/2023

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | | Outpatient Medical and Non-Medical Approvals and Denials | | | | | | |
|---|-----------------------------------|---------|------|-------------------|----------------------------|--|----------------------------|---------|------|-------|--|--|
| Treating Provider Specialties | | | | | | Treating Provider Specialties | | | | | | |
| There were no requests for inpatient services in Q3, 2023. | | | | | | There were no requests for inpatient services in Q3, 2023. | | | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total | | Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total | | |
| Procedure Code | cedure Code Procedure Description | | | | | Procedure Code Procedure Description | | | | | | |
| | | | | | | | | | | _ | | |
| n/a | | | | 0 | | n/a | | | | 0 | | |
| Top 10 IP Diagnosis Codes and Descriptions Approve Deny Total | | | | Top 10 OP Diagnos | sis Codes and Descriptions | Approve | Deny | Total | | | | |
| Diagnosis Code Diagnosis Description | | | | | | Diagnosis Code | Diagnosis Code Description | | | | | |
| n/a | | | | 0 | | n/a | | | | 0 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Quarter Four, 10/1/2023 – 12/31/2023

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | | Outpatient Medical and Non-Medical Approvals and Denials | | | | | | |
|--|-----------------------|---------|------|-------|--|--|----------------------------|---------|------|-------|--|--|
| Treating Provider Specialties | | | | | | Treating Provider Specialties | | | | | | |
| There were no requests for inpatient services in Q4, 2023. | | | | | | There were no requests for inpatient services in Q4, 2023. | | | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total | | Top 10 OP Procedu | ure Codes and Descriptions | Approve | Deny | Total | | |
| Procedure Code | Procedure Description | | | | | Procedure Code | Procedure Description | | | | | |
| n/a | | | | 0 | | n/a | | | | 0 | | |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total | | Top 10 OP Diagnos | sis Codes and Descriptions | Approve | Deny | Total | | |
| Diagnosis Code | Diagnosis Description | | | | | Diagnosis Code | Diagnosis Code Description | | | | | |
| n/a | | | | 0 | | n/a | | | | 0 | | |

Quarter One, 1/1/2024 – 3/31/2024

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | | Outpatient Medical and Non-Medical Approvals and Denials | | | | | | |
|--|-----------------------|------|-------|-------|-------------------|--|----------------------------|------|-------|---|--|--|
| Treating Provider Specialties | | | | | | Treating Provider Specialties | | | | | | |
| There were no requests for inpatient services in Q4, 2023. | | | | | | There were no requests for inpatient services in Q4, 2023. | | | | | | |
| Top 10 IP Procedure Codes and Descriptions A | | | Deny | Total | | Top 10 OP Proced | Approve | Deny | Total | | | |
| Procedure Code | Procedure Description | | | | | Procedure Code | Procedure Description | | | | | |
| n/a | | | | 0 | - | n/a | | | | 0 | | |
| Top 10 IP Diagnosis Codes | Approve | Deny | Total | | Top 10 OP Diagnos | op 10 OP Diagnosis Codes and Descriptions Approve D | | Deny | Total | | | |
| Diagnosis Code | Diagnosis Description | n | | | | Diagnosis Code | Diagnosis Code Description | | | | | |
| n/a | | | | 0 | | n/a | | | | 0 | | |