

Arkansas Utilization Management Statistics for Prior Authorizations

2016

2017

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2018

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2019

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2020

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2021

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2022

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2016

| | Q1 1/1/16 – 3/31/16 | Q2 4/1/16 – 6/30/16 | Q3 7/1/16 – 9/30/16 | Q4 10/1/16-12/31-16 |
|---|-------------------------------|-------------------------------|---------------------------------------|-------------------------------|
| Number of Prior Auth Review Service Requests reviewed | 1 | 0 | 1 | 0 |
| Number Approved | 1 | n/a | 1 | n/a |
| Number Denied | 0 | n/a | 0 | n/a |
| Treating Physician Specialties | <i>Bariatric Surgeon</i> | <i>n/a</i> | <i>Neurological Surgeon</i> | <i>n/a</i> |
| Review Service Requests | <i>Bariatric Surgery</i> | <i>n/a</i> | <i>Incise Skull (pressure relief)</i> | <i>n/a</i> |
| Diagnosis | <i>Hypertension</i> | <i>n/a</i> | <i>Compression of brain</i> | <i>n/a</i> |
| Reasons for Denial, if applicable | <i>n/a</i> | <i>n/a</i> | <i>n/a</i> | <i>n/a</i> |

2017

| | Q1 1/1/17 – 3/31/17 |
|---|-------------------------------|
| Number of Prior Auth Review Service Requests reviewed | 0 |
| Number Approved | <i>n/a</i> |
| Number Denied | <i>n/a</i> |
| Treating Physician Specialties | <i>n/a</i> |
| Review Service Requests | <i>n/a</i> |
| Diagnosis | <i>n/a</i> |
| Reasons for Denial, if applicable | <i>n/a</i> |

2017, Quarter Two

| | Approved | Denied |
|---|----------|--------|
| Number of Prior Auth Review Service Requests Reviewed | 0 | 0 |
| Treating Physician Specialties | n/a | n/a |
| Review Service Requests | n/a | n/a |
| Diagnosis | n/a | n/a |
| Reason for denial, if applicable | n/a | n/a |

Active Health Management, Inc.
Arkansas Statistics from 7/1/2017 – 9/30/2017, Quarter Three

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | |
|--|---------------------------------------|----------------|-------------|--------------|--|
| Top 10 Treating Provider Specialties | | | | | |
| Orthopedic Surgery | | | | | |
| Neurology Surgery | | | | | |
| OB/GYN | | | | | |
| Cardiovascular Surgery | | | | | |
| Urology | | | | | |
| Neurology | | | | | |
| General Surgery | | | | | |
| Physical Medicine and Rehabilitation | | | | | |
| Internal Medicine | | | | | |
| Family Practice | | | | | |
| Top 10 Procedure Codes and Descriptions | | Approve | Deny | Total | |
| Procedure Code | Procedure Description | | | | |
| 27447 | Total Knee Replacement | 150 | 1 | 151 | |
| 27130 | Total Hip Replacement | 70 | 4 | 74 | |
| 99221 | Initial Hospital Care | 51 | 1 | 52 | |
| 58150 | Hysterectomy | 33 | 3 | 36 | |
| 43775 | Laparoscopic Sleeve Gastrectomy | 28 | 4 | 32 | |
| 43644 | Laparoscopic Gastric Bypass/Roux-En-Y | 26 | 5 | 31 | |
| 22551 | Neck Spine Fusion & Removal | 24 | 3 | 27 | |
| 22633 | Lumbar Spinal Fusion | 14 | 7 | 21 | |
| H2036 | Psych Partial Hospitalization | 17 | 0 | 17 | |
| 95951 | EEG Monitoring | 15 | 0 | 15 | |
| Top 10 Diagnosis Codes and Descriptions | | Approve | Deny | Total | |
| Diagnosis Code | Diagnosis Description | | | | |
| M1712 | Unilateral Primary Osteoarthritis | 74 | 0 | 74 | |
| E6601 | Morbid Obesity | 54 | 8 | 62 | |
| M1711 | Unilateral Primary Osteoarthritis | 52 | 1 | 53 | |
| M1611 | Unilateral Primary Osteoarthritis | 42 | 4 | 46 | |
| M4806 | Spinal Stenosis, Lumbar | 18 | 8 | 26 | |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | | |
|---|--|----------------|-------------|--------------|--|
| Top 10 Treating Provider Specialties | | | | | |
| Family Practice | | | | | |
| Orthopedic Surgery | | | | | |
| Internal Medicine | | | | | |
| Neurology | | | | | |
| Otolaryngology | | | | | |
| Urology | | | | | |
| Neurology Surgery | | | | | |
| Pediatrics | | | | | |
| General Surgery | | | | | |
| Radiation Oncology | | | | | |
| Top 10 Procedure Codes and Descriptions | | Approve | Deny | Total | |
| Procedure Code | Procedure Description | | | | |
| 97110 | Therapeutic Exercises | 1839 | 0 | 1839 | |
| 73721 | MRI, joint of lower extremity, without dye | 788 | 0 | 788 | |
| 72148 | MRI, lumbar spine without dye | 697 | 0 | 697 | |
| 70553 | MRI, brain stem with/out dye | 530 | 0 | 530 | |
| 74177 | CT, abdomen and pelvis with contrast | 506 | 0 | 506 | |
| 71260 | CT, thorax with dye | 490 | 2 | 492 | |
| 72141 | MRI, neck spine without dye | 375 | 1 | 376 | |
| 73221 | MRI, joint of upper extremity, without dye | 374 | 0 | 374 | |
| 74176 | CT, abdomen and pelvis without contrast | 351 | 0 | 351 | |
| 74178 | CT, abdomen and pelvis 1/> regns | 343 | 0 | 343 | |
| Top 10 Diagnosis Codes and Descriptions | | Approve | Deny | Total | |
| Diagnosis Code | Diagnosis Code Description | | | | |
| M545 | Lower Back Pain | 529 | 0 | 529 | |
| M25561 | Pain Right Knee | 307 | 0 | 307 | |
| M542 | Cervicalgia | 290 | 0 | 290 | |
| M25562 | Pain Left Knee | 273 | 0 | 273 | |
| R109 | Abdominal Pain | 210 | 0 | 210 | |

| | | | | | | | | | | |
|-------|-----------------------------------|----|---|----|--|--------|------------------------|-----|---|-----|
| M1612 | Unilateral Primary Osteoarthritis | 17 | 0 | 17 | | M25512 | Pain Left Shoulder | 184 | 0 | 184 |
| D259 | Leiomyoma Uterus | 13 | 1 | 14 | | M5416 | Radiculopathy Lumbar | 183 | 0 | 183 |
| R569 | Convulsions, NOS | 13 | 0 | 13 | | M25511 | Pain Right Shoulder | 186 | 3 | 189 |
| I2510 | ASHD Native Coronary Artery | 12 | 0 | 12 | | R51 | Headache | 210 | 5 | 215 |
| M4802 | Spinal Stenosis, cervical | 8 | 3 | 11 | | M5412 | Radiculopathy Cervical | 132 | 0 | 132 |

Active Health Management, Inc.
Arkansas Statistics from 10/1/2017 – 12/31/2017, Quarter Four

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|---------------------------------------|-------------|--------------|----|
| Treating Provider Specialties | | | | |
| Orthopedic Surgery | | | | |
| Neurological Surgery | | | | |
| Obstetrics and Gynecology | | | | |
| General Surgery | | | | |
| Urology | | | | |
| Thoracic Surgery | | | | |
| Cardiovascular Surgery | | | | |
| Psychiatry | | | | |
| Plastic Surgery | | | | |
| Colon and Rectal Surgery | | | | |
| Top 10 IP Procedure Codes and Descriptions | Approve | Deny | Total | |
| Procedure Code | Procedure Description | | | |
| 27447 | Total Knee Replacement | 95 | 0 | 95 |
| 27130 | Total Hip Replacement | 36 | 1 | 37 |
| 43775 | Laparoscopic Sleeve Gastrectomy | 31 | 2 | 33 |
| 58150 | Total Hysterectomy | 26 | 0 | 26 |
| 99221 | Initial Hospital Care | 17 | 3 | 20 |
| 22633 | Lumbar Spinal Fusion, Combined | 15 | 5 | 20 |
| 59400 | Obstetrical Care | 17 | 2 | 19 |
| 43644 | Laparoscopic Gastric Bypass/Roux-En-Y | 16 | 2 | 18 |
| 22551 | Neck Spine Fusion & Remove Bel C2 | 12 | 1 | 13 |
| 55866 | Laparoscopic Radical Prostatectomy | 10 | 0 | 10 |
| 23472 | Reconstruction of Shoulder Joint | 7 | 0 | 7 |
| Top 10 IP Diagnosis Codes and Descriptions | Approve | Deny | Total | |
| Diagnosis Code | Diagnosis Description | | | |
| E6601 | Morbid Obesity D/T Excessive Calories | 44 | 5 | 49 |
| M1711 | Unilateral Primary Osteoarthritis | 46 | 0 | 46 |
| M1712 | Unilateral Primary Osteoarthritis | 37 | 0 | 37 |
| 080 | Full-Term Uncomplicated Pregnancy | 19 | 0 | 19 |
| M1611 | Unilateral Primary Osteoarthritis | 13 | 0 | 13 |
| C61 | Malignant Neoplasm Prostate | 10 | 0 | 10 |
| M1612 | Unilateral Primary Osteoarthritis | 9 | 0 | 9 |
| N2889 | Specified Disorders Kidney | 9 | 0 | 9 |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|-------------------------------------|-------------|--------------|-----|
| Treating Provider Specialties | | | | |
| Family and General Practice | | | | |
| Orthopedic Surgery | | | | |
| Internal Medicine | | | | |
| Urology | | | | |
| Otolaryngology | | | | |
| Neurology | | | | |
| General Surgery | | | | |
| Surgical Neurology | | | | |
| Nephrology | | | | |
| Pediatrics | | | | |
| Top 10 OP Procedure Codes and Descriptions | Approve | Deny | Total | |
| Procedure Code | Procedure Description | | | |
| 97110 | Therapeutic Exercises | 635 | 1 | 636 |
| 73721 | MRI of Lower Extremity w/o Dye | 325 | 0 | 325 |
| 72148 | MRI of Lumbar Spine w/o Dye | 298 | 0 | 298 |
| 70553 | MRI of Brain Stem w/o and w/Dye | 243 | 0 | 243 |
| 74177 | CT of Abdomin and Pelvis w/Contrast | 186 | 0 | 186 |
| 71260 | CT Thorax w/Dye | 182 | 3 | 185 |
| 72141 | MRI Neck Spine w/o Dye | 167 | 1 | 168 |
| 73221 | MRI Joint Upper Extremity w/o Dye | 150 | 0 | 150 |
| 74176 | CT Abdomin & Pelvis w/o Contrast | 144 | 0 | 145 |
| 74178 | CT Abdomin & Pelvis 1/> Regns | 133 | 0 | 133 |
| 70486 | CT Maxillofacial w/o Dye | 96 | 26 | 122 |
| Top 10 OP Diagnosis Codes and Descriptions | Approve | Deny | Total | |
| Diagnosis Code | Diagnosis Code Description | | | |
| M545 | Low Back Pain | 181 | 2 | 183 |
| M542 | Cervicalgia | 129 | 1 | 130 |
| M25562 | Left Knee Pain | 129 | 0 | 129 |
| M25511 | Right Shoulder Pain | 104 | 0 | 104 |
| M25561 | Right Knee pain | 102 | 0 | 102 |
| R51 | Headache | 80 | 3 | 83 |
| M5416 | Lumbar Radiculopathy | 74 | 1 | 75 |
| R109 | Abdominal Pain | 72 | 0 | 72 |

| | | | | | | | | | | |
|-------|------------------------------|---|---|---|--|--------|-------------------------------|----|---|----|
| D259 | Leiomyoma Uterus | 7 | 0 | 8 | | M5412 | Radiculopathy Cervical Region | 61 | 0 | 61 |
| M5126 | Lumbar Disc Displacement NEC | 4 | 3 | 7 | | M25512 | Left Shoulder Pain | 60 | 0 | 60 |

Active Health Management, Inc.
Quarter One, Arkansas Statistics from 1/1/2018 – 3/31/2018

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|--|----------------|-------------|--------------|
| Treating Provider Specialties | | | | |
| Obstetrics and Gynecology | | | | |
| Orthopedic Surgery | | | | |
| Neurological Surgery | | | | |
| General Surgery | | | | |
| Urology | | | | |
| Neurology | | | | |
| Family Practice | | | | |
| Cardiovascular | | | | |
| Thoracic Surgery | | | | |
| Gynecology Oncology | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 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 |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| O80 | Encounter for Full-Term Uncomp Pregnancy | 44 | 0 | 44 |
| O82 | 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 |
| M1612 | Unilateral Primary Osteoarthritis | 9 | 0 | 9 |
| M1611 | Unilateral Primary Osteoarthritis | 9 | 0 | 9 |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|-----------------------------------|----------------|-------------|--------------|
| Treating Provider Specialties | | | | |
| Family Practice | | | | |
| Orthopedic Surgery | | | | |
| Internal Medicine | | | | |
| Urology | | | | |
| Neurology | | | | |
| Otolaryngology | | | | |
| Neurological Surgery | | | | |
| General Surgery | | | | |
| Pediatrics | | | | |
| Nephrology | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 97110 | Therapeutic Exercises | 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 Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| M545 | Low Back Pain | 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 |
| M25512 | Left Shoulder Pain | 90 | 0 | 90 |
| 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 |

Active Health Management, Inc.
Quarter Two, Arkansas Statistics from 4/1/2018 – 6/30/2018

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | |
|--|---|----------------|-------------|--------------|--|
| Treating Provider Specialties | | | | | |
| Orthopedic Surgery | | | | | |
| Obstetrics and Gynecology | | | | | |
| Neurological Surgery | | | | | |
| General Surgery | | | | | |
| Family Practice | | | | | |
| Urology | | | | | |
| Thoracic Surgery | | | | | |
| Cardiovascular | | | | | |
| Internal Medicine | | | | | |
| Neurology | | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total | |
| Procedure Code | Procedure Description | | | | |
| 27447 | Total Knee Arthroplasty | 78 | 1 | 79 | |
| 59400 | Obstetrical Care | 70 | 0 | 70 | |
| 43775 | Laparoscopic Sleeve Gastrectomy | 57 | 2 | 59 | |
| 59510 | Cesarean Delivery | 44 | 0 | 44 | |
| 27130 | Total Hip Arthroplasty | 39 | 1 | 40 | |
| 43644 | Laparoscopic Gastric Bypass/Roux-En-Y | 37 | 0 | 37 | |
| 58150 | Total Hysterectomy | 31 | 3 | 34 | |
| 22551 | Neck Spine Fusion | 16 | 3 | 19 | |
| 22633 | Lumbar Spine Fusion Combined | 11 | 8 | 19 | |
| 99221 | Rehabilitation Facility – Inpatient | 39 | 1 | 40 | |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total | |
| Diagnosis Code | Diagnosis Description | | | | |
| E6601 | Morbid Obesity | 94 | 2 | 96 | |
| O80 | Encounter for full term uncomplicated pregnancy | 70 | 0 | 70 | |
| O82 | Cesarean Delivery | 48 | 0 | 48 | |
| M1711 | Unilateral Primary Osteoarthritis | 41 | 1 | 42 | |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | | |
|---|-----------------------------------|----------------|-------------|--------------|--|
| Treating Provider Specialties | | | | | |
| Family Practice | | | | | |
| Orthopedic Surgery | | | | | |
| Internal Medicine | | | | | |
| Neurological Surgery | | | | | |
| Urology | | | | | |
| Otolaryngology | | | | | |
| General Surgery | | | | | |
| Pediatrics | | | | | |
| Cardiovascular | | | | | |
| Obstetrics and Gynecology | | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total | |
| Procedure Code | Procedure Description | | | | |
| 97110 | Therapeutic Exercises | 1081 | 0 | 1081 | |
| 72148 | MRI Lumbar Spine w/o Dye | 298 | 2 | 300 | |
| 73721 | MRI Lower Extremity Joint w/o Dye | 344 | 0 | 344 | |
| 70553 | MRI Brain Stem | 292 | 3 | 295 | |
| 71260 | CT Thorax w/Dye | 264 | 3 | 267 | |
| 74177 | CT Abdomen & Pelvis w/Contrast | 219 | 0 | 219 | |
| 72141 | MRI Neck Spine w/o Dye | 201 | 2 | 203 | |
| 73221 | MRI Upper Extremity joint w/o Dye | 179 | 0 | 179 | |
| 74178 | CT Abdomen & Pelvis | 154 | 2 | 156 | |
| 99600 | Home Visits | 134 | 1 | 135 | |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total | |
| Diagnosis Code | Diagnosis Code Description | | | | |
| M25562 | Left Knee Pain | 151 | 0 | 151 | |
| M542 | Cervicalgia | 166 | 1 | 167 | |
| M545 | Low Back Pain | 273 | 1 | 274 | |
| M25561 | Right Knee Pain | 134 | 0 | 134 | |

| | | | | | | | | | | |
|-------|-----------------------------------|----|---|----|--|--------|---------------------------|-----|---|-----|
| 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 |

Active Health Management, Inc.
Quarter Three, Arkansas Statistics from 7/1/2018 – 9/30/2018

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|---|----------------|-------------|--------------|
| Treating Provider Specialties | | | | |
| Obstetrics & Gynecology | | | | |
| General Surgery | | | | |
| Orthopedic Surgery | | | | |
| Neurological Surgery | | | | |
| Family & General Practice | | | | |
| Urology | | | | |
| Internal Medicine | | | | |
| Thoracic Surgery | | | | |
| Neurology | | | | |
| Cardiovascular Surgery | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 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 Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| O80 | Encounter for Full Term Uncomp Pregnancy | 96 | 0 | 96 |
| E6601 | Morbid Obesity | 81 | 1 | 82 |
| O82 | Cesarean Delivery | 54 | 0 | 54 |
| M1711 | Unilateral Primary Osteoarthritis | 24 | 0 | 24 |
| M1712 | Unilateral Primary Osteoarthritis | 24 | 0 | 24 |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|-----------------------------------|----------------|-------------|--------------|
| Treating Provider Specialties | | | | |
| Family & General Practice | | | | |
| Orthopedic Surgery | | | | |
| Internal Medicine | | | | |
| Urology | | | | |
| Otolaryngology | | | | |
| Neurology | | | | |
| Neurological Surgery | | | | |
| Pediatrics | | | | |
| General Surgery | | | | |
| Nephrology | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 97110 | Therapeutic Exercises | 1124 | 0 | 1124 |
| 73721 | MRI Lower Extremity Joint w/o Dye | 443 | 1 | 444 |
| 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 w/o Dye | 186 | 0 | 186 |
| 74176 | CT Abdomen & Pelvis w/o Contrast | 167 | 0 | 167 |
| 74178 | CT Abdomen & Pelvis 1/>Regns | 166 | 0 | 166 |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| 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 |
| 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 |
| I480 | Paroxysmal 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 |

Active Health Management, Inc.
Quarter Four, Arkansas Statistics from 10/1/2018 – 12/31/2018

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|---|---------|------|-------|
| Treating Provider Specialties | | | | |
| Orthopedic Surgery | | | | |
| Obstetrics & Gynecology | | | | |
| Neurological Surgery | | | | |
| General Surgery | | | | |
| Internal Medicine | | | | |
| Family & General Practice | | | | |
| Urology | | | | |
| Physical Medicine & Rehabilitation | | | | |
| Cardiovascular Surgery | | | | |
| Nephrology | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 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 Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| O80 | Encounter Full Term Uncomplicated Pregnancy | 77 | 0 | 77 |
| O82 | 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 Medical and Non-Medical Approvals and Denials | | | | |
|--|--------------------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| Family & General Practice | | | | |
| Orthopedic Surgery | | | | |
| Internal Medicine | | | | |
| Urology | | | | |
| Otolaryngology | | | | |
| Medical Oncology | | | | |
| Neurosurgery | | | | |
| General Surgery | | | | |
| Pediatrics | | | | |
| Nephrology | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 97110 | Therapeutic Exercises | 1154 | 0 | 1154 |
| 73721 | MRI of Lower Extremity Joint w/o Dye | 319 | 1 | 320 |
| 72148 | MRI Lumbar Spine w/o Dye | 277 | 0 | 277 |
| 70553 | MRI Brain Stem with and w/o Dye | 254 | 0 | 254 |
| 71260 | CT Thorax with Dye | 245 | 1 | 246 |
| 74177 | CT Abdomen & Pelvis w/Contrast | 217 | 0 | 217 |
| 72141 | MRI Neck Spine w/o Dye | 193 | 0 | 193 |
| 73221 | MRI Upper Extremity Joint w/o Dye | 169 | 1 | 170 |
| 74178 | CT Abdomen & Pelvis | 153 | 0 | 153 |
| 74176 | CT Abdomen & Pelvis w/o Contrast | 146 | 0 | 146 |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| M545 | Low Back Pain | 251 | 1 | 252 |
| 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 | 105 | 1 | 105 |
| R109 | Abdominal Pain | 97 | 0 | 97 |

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|-------|-----------------------------------|----|---|----|--|--------|-------------------------------|----|---|----|
| 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 |

Active Health Management, Inc.
Quarter One, Arkansas Statistics from 1/1/2019 – 3/31/2019

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|------------------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| Urology | | | | |
| Neurosurgery | | | | |
| Orthopedic Surgery | | | | |
| Thoracic Surgery | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Top 10 IP Procedure 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 |
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| | | | | |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| 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 |
| I808 | Rheumatic Disorders | 1 | 0 | 1 |
| | | | | |
| | | | | |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|--|---------|------|-------|
| Treating Provider Specialties | | | | |
| Orthopedic Surgery | | | | |
| Family Medicine | | | | |
| Internal Medicine | | | | |
| Neurosurgery | | | | |
| Urology | | | | |
| Infectious Disease | | | | |
| Neurology | | | | |
| Physical Medicine and Rehabilitation | | | | |
| Pain Management | | | | |
| Oncologist | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 97110 | Therapeutic Exercises | 19 | 0 | 19 |
| 97161 | Low Complex Physical Therapy Evaluation | 7 | 0 | 7 |
| G0299 | Skilled Nursing Services Home Health/Hospice | 3 | 0 | 3 |
| 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 Therapy Evaluation | 2 | 0 | 2 |
| 99601 | Home Infusion Visit | 1 | 0 | 1 |
| S9129 | Home Occupational Therapy | 1 | 0 | 1 |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| 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 Osteoarthritis | 2 | 0 | 2 |
| Z471 | Aftercare Following Joint Replacement | 3 | 0 | 3 |
| I6340 | Cerebral Infarction D/T Embolism | 2 | 0 | 2 |
| I890 | Lymphedema NEC | 2 | 0 | 2 |

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

Active Health Management, Inc.
Quarter Two, Arkansas Statistics from 4/1/2019 – 6/30/2019

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|------------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| Cardiac Surgeon | | | | |
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| | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 33533 | Coronary Artery Bypass Graft | 1 | 0 | 1 |
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| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| I209 | Angina | 1 | 0 | 1 |
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| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|--------------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| Oncology | | | | |
| Neurology | | | | |
| General Surgery | | | | |
| Ophthalmology | | | | |
| Family & General Practice | | | | |
| | | | | |
| | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 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 Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| 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 |

Active Health Management, Inc.
Quarter Three, Arkansas Statistics from 7/1/2019 – 9/30/2019

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|------------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| Cardiology | | | | |
| | | | | |
| | | | | |
| | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 33361 | Replace Aortic Valve | 1 | 0 | 1 |
| | | | | |
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| | | | | |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| I350 | Nonrheumatic aortic stenosis | 1 | 0 | 1 |
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| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|--|---------|------|-------|
| Treating Provider Specialties | | | | |
| General Surgery | | | | |
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| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 74177 | CT of Abdomen and Pelvis with Contrast | 1 | 0 | 1 |
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| | | | | |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| I81 | Portal Vein Thrombosis | 1 | 0 | 1 |
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Active Health Management, Inc.
Quarter One, Arkansas Statistics from 1/1/2021 – 3/31/2021

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | |
|---|-----------------------|---------|------|-------|-----|
| Treating Provider Specialties | | | | | |
| | | | | | |
| <i>There were no requests for inpatient services in 2021, Q1.</i> | | | | | |
| | | | | | |
| | | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total | |
| Procedure Code | Procedure Description | | | | |
| n/a | n/a | n/a | n/a | n/a | n/a |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total | |
| Diagnosis Code | Diagnosis Description | | | | |
| n/a | n/a | n/a | n/a | n/a | n/a |
| | | | | | |
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| Outpatient Medical and Non-Medical Approvals and Denials | | | | | |
|--|--|---------|------|-------|--|
| Treating Provider Specialties | | | | | |
| Gastroenterology | | | | | |
| Hematology Oncology | | | | | |
| Family Medicine | | | | | |
| Orthopedic Surgery | | | | | |
| | | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total | |
| Procedure Code | Procedure Description | | | | |
| 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 without Dye | 1 | 0 | 1 | |
| 74178 | CT of Abdomen and Pelvis | 2 | 0 | 2 | |
| Top 10 OP Diagnosis 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 | |

