

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

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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2023

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Active Health Management, Inc.

Arkansas Prior Authorizations

Quarter One, 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 |

| 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 |

Active Health Management, Inc.

Arkansas Prior Authorizations

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

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Arkansas Prior Authorizations

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

| 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 |

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|-------|-----------------------------------|----|---|----|--|--------|-------------------------------|-----|---|-----|
| 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 |
| 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.

Arkansas Prior Authorizations

Quarter Four, 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 |

Active Health Management, Inc.

Arkansas Prior Authorizations

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

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|------------------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| Urology | | | | |
| Neurosurgery | | | | |
| Orthopedic Surgery | | | | |
| Thoracic Surgery | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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 |

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Arkansas Prior Authorizations

| | | | | | | | | | | |
|--|--|--|--|--|--|--------|----------------|---|---|---|
| | | | | | | I890 | 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

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|------------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| 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 Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| I209 | Angina | 1 | 0 | 1 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 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 |

Quarter Three, 7/1/2019 – 9/30/2019

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|------------------------------|---------|------|-------|--|--|---------|------|-------|
| Treating Provider Specialties | | | | | Treating Provider Specialties | | | | |
| Cardiology | | | | | General Surgery | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total | Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | | Procedure Code | Procedure Description | | | |
| 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 Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | | Diagnosis Code | Diagnosis Code Description | | | |
| I350 | Nonrheumatic aortic stenosis | 1 | 0 | 1 | I81 | Portal Vein Thrombosis | 1 | 0 | 1 |

Quarter Four, 10/1/2019 – 12/31/2019

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|-----------------------|---------|------|-------|--|--|---------|------|-------|
| Treating Provider Specialties | | | | | Treating Provider Specialties | | | | |
| n/a | | | | | Neurology | | | | |
| | | | | | Internal Medicine | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total | Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | | Procedure Code | Procedure Description | | | |
| 0 | n/a | 0 | 0 | 0 | 62270 | Injection, Drainage, or Aspiration of Lumbar Spine | 1 | 0 | 1 |
| | | | | | 74178 | CT of Abdomen and Pelvis | 1 | 0 | 1 |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total | Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | | Diagnosis Code | Diagnosis Code Description | | | |
| 0 | n/a | 0 | 0 | 0 | G932 | Benign Intracranial Hypertension | 1 | 0 | 1 |
| | | | | | R109 | Abdominal Pain | 1 | 0 | 1 |

Active Health Management, Inc.

Arkansas Prior Authorizations

Quarter One, 1/1/2020 – 3/31/2020

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|-----------------------------------|---------|------|-------|--|----------------------------|---------|------|-------|
| Treating Provider Specialties | | | | | Treating Provider Specialties | | | | |
| Orthopedic | | | | | Colon and Rectal Surgery | | | | |
| | | | | | Family Medicine | | | | |
| | | | | | | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total | Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | | Procedure Code | Procedure Description | | | |
| 27447 | Total Knee Replacement | 1 | 0 | 1 | 76020 | Placement of Seton | 1 | 0 | 1 |
| | | | | | 71260 | CT of Thorax with Dye | 1 | 0 | 1 |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total | Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | | Diagnosis Code | Diagnosis Code Description | | | |
| M1711 | Unilateral Primary Osteoarthritis | 1 | 0 | 1 | K603 | Anal Fistula | 1 | 0 | 1 |
| | | | | | R911 | Solitary Pulmonary Nodule | 1 | 0 | 1 |

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 Specialties | | | | |
| Surgical Neurology | | | | | Oncology | | | | |
| | | | | | | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total | Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | | Procedure Code | Procedure Description | | | |
| 63267 | Excise Interspinal Lesion | 1 | | 1 | 78815 | PET Imaging | 1 | | 1 |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total | Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | | Diagnosis Code | Diagnosis Code Description | | | |
| M7130 | Bursal Cyst | 1 | | 1 | D7589 | Diseases of Blood | 1 | | 1 |

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Arkansas Prior Authorizations

Quarter Three, 7/1/2020 – 9/30/2020

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | Outpatient Medical and Non-Medical Approvals and Denials | | | | | | | |
|---|-----------------------|--|---------|------|--|--|--|----------------|------------------------------|------|-------|---|
| Treating Provider Specialties | | | | | Treating Provider Specialties | | | | | | | |
| Orthopedic Surgery | | | | | | | | | | | | |
| Top 10 IP Procedure Codes and Descriptions | | | Approve | Deny | Total | Top 10 OP Procedure Codes and Descriptions | | | Approve | Deny | Total | |
| Procedure Code | Procedure Description | | | | | | | Procedure Code | Procedure Description | | | |
| | | | | | | | | 72148 | MRI of Lumbar Spine | 1 | | 1 |
| Top 10 IP Diagnosis Codes and Descriptions | | | Approve | Deny | Total | Top 10 OP Diagnosis Codes and Descriptions | | | Approve | Deny | Total | |
| Diagnosis Code | Diagnosis Description | | | | | | | Diagnosis Code | Diagnosis Code Description | | | |
| | | | | | | | | M5136 | Disc Degeneration NEC Lumbar | 1 | | 1 |

Quarter Four, 10/1/2020 – 12/31/2020

| Inpatient Medical and Non-Medical Approvals and Denials | | | | | Outpatient Medical and Non-Medical Approvals and Denials | | | | | | | |
|---|---------------------------|--|---------|------|--|--|---|----------------|-----------------------------------|------|-------|--|
| Treating Provider Specialties | | | | | Treating Provider Specialties | | | | | | | |
| Family Medicine | | | | | Gynecology Oncology | | | | | | | |
| Physical Medicine and Rehabilitation | | | | | Hematology Oncology | | | | | | | |
| | | | | | Family Medicine | | | | | | | |
| Top 10 IP Procedure Codes and Descriptions | | | Approve | Deny | Total | Top 10 OP Procedure Codes and Descriptions | | | Approve | Deny | Total | |
| Procedure Code | Procedure Description | | | | | | | Procedure Code | Procedure Description | | | |
| 99221 | Initial Hospital Care | | | | 2 | 0 | 2 | 58571 | Hysterectomy | | | |
| | | | | | | | | 74178 | CT of Abdomen and Pelvis | | | |
| | | | | | | | | 70450 | CT of Head and Brain without Dye | | | |
| Top 10 IP Diagnosis Codes and Descriptions | | | Approve | Deny | Total | Top 10 OP Diagnosis Codes and Descriptions | | | Approve | Deny | Total | |
| Diagnosis Code | Diagnosis Description | | | | | | | Diagnosis Code | Diagnosis Code Description | | | |
| J9601 | Acute Respiratory Failure | | | | 1 | 0 | 1 | C541 | Malignant Neoplasm of Endometrium | | | |
| I6340 | Cerebral Infarction | | | | 1 | 0 | 1 | D509 | Iron Deficiency Anemia | | | |
| | | | | | | | | G43909 | Intractable Migraines | | | |

Active Health Management, Inc.

Arkansas Prior Authorizations

Quarter One, 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 |
| | | | | |
| | | | | |
| | | | | |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| n/a | n/a | n/a | n/a | n/a |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 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 |

Quarter Two, 4/1/2021 – 6/30/2021

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

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|--|---------|------|-------|
| Treating Provider Specialties | | | | |
| Family Medicine | | | | |
| Pain Management | | | | |
| 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 |
| 64483 | NJX AA&/STRD TFRM EPI L/S 1 | 0 | 1 | 1 |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| R109 | Abdominal Pain | 1 | 0 | 1 |
| M5416 | Radiculopathy | 0 | 1 | 1 |

Active Health Management, Inc.

Arkansas Prior Authorizations

Quarter Three, 7/1/2021 – 9/30/2021

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|--------------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| Psychiatry | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 99221 | Initial Hospital Care | 1 | 0 | 1 |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| F33.2 | MDD recurrent severe w/o psych | 1 | 0 | 1 |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|----------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| <i>There were no requests for outpatient services in 2021, Q3.</i> | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 0 | | | | 0 |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| 0 | | | | 0 |

Quarter One, 1/1/2022 – 3/31/2022

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|-----------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| <i>There were no requests for inpatient services in Q1, 2022.</i> | | | | |
| | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| n/a | | | | 0 |
| | | | | |
| | | | | |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| n/a | | | | 0 |
| | | | | |
| | | | | |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|-----------------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| Surgical Oncology | | | | |
| Oncology | | | | |
| Family Practice | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| Q0138 | INJ FERUMOXYTOL IDA 1 MG NON-ESRD | 0 | 1 | 1 |
| 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 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| K601 | Chronic anal fissure | 1 | 1 | 2 |
| C9000 | Multiple myeloma no remission | 2 | 0 | 2 |
| G250 | Essential tremor | 1 | 0 | 1 |

Active Health Management, Inc.

Arkansas Prior Authorizations

Quarter Two, 4/1/2022 – 6/30/2022

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|-----------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| <i>There were no requests for inpatient services in Q2, 2022.</i> | | | | |
| | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| n/a | | | | 0 |
| | | | | |
| | | | | |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| n/a | | | | 0 |
| | | | | |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|------------------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| Family Medicine | | | | |
| Colorectal Surgeon | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 72148 | MRI of Lumbar Spine without dye | 1 | 0 | 1 |
| 46255 | Remove Int/Ext Hemorrhoids | 1 | 0 | 1 |
| | | | | |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| M5137 | IV Disc Degeneration NEC Lumbo | 1 | 0 | 1 |
| K642 | 3 rd Degree Hemorrhoids | 1 | 0 | 1 |

Quarter Three, 7/1/2022 – 9/30/2022

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|-----------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| <i>There were no requests for inpatient services in Q3, 2022.</i> | | | | |
| | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| n/a | | | | 0 |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| n/a | | | | 0 |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|------------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| Orthopedic Surgery | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 73721 | MRI JNT OF LWR EXTRE W/O DYE | 1 | 0 | 1 |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| S83222A | Periph tear MED menisc | 1 | 0 | 1 |

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Arkansas Prior Authorizations

Quarter Four, 10/1/2022 – 12/31/2022

| Inpatient Medical and Non-Medical Approvals and Denials | | | | |
|---|-----------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| <i>There were no requests for inpatient services in Q4, 2022.</i> | | | | |
| Top 10 IP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| n/a | | | | 0 |
| Top 10 IP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Description | | | |
| n/a | | | | 0 |

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|----------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| <i>There were no requests for outpatient services in Q4, 2022.</i> | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| n/a | | | | 0 |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| n/a | | | | 0 |

Quarter One, 1/1/2023 – 3/31/2023

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

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|----------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| <i>There were no requests for outpatient services in Q1, 2023.</i> | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| n/a | | | | 0 |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |
| n/a | | | | 0 |

Quarter Two, 4/1/2023 – 6/30/2023

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

| Outpatient Medical and Non-Medical Approvals and Denials | | | | |
|--|----------------------------|---------|------|-------|
| Treating Provider Specialties | | | | |
| Family Medicine | | | | |
| Top 10 OP Procedure Codes and Descriptions | | Approve | Deny | Total |
| Procedure Code | Procedure Description | | | |
| 73721 | MRI of lower joint | 1 | n/a | 1 |
| Top 10 OP Diagnosis Codes and Descriptions | | Approve | Deny | Total |
| Diagnosis Code | Diagnosis Code Description | | | |

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Arkansas Prior Authorizations

| | | | | | | | | | | |
|-----|--|--|--|---|--|--------|-----------|---|-----|---|
| n/a | | | | 0 | | M25561 | Knee pain | 1 | n/a | 1 |
|-----|--|--|--|---|--|--------|-----------|---|-----|---|