



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
00170 -Anesthesia for intraoral procedures, including biopsy; not otherwise specified		7		7
Approved	7			7
01112 -Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest		1		1
Approved	1			1
0238T -TRLUML PERIP ATHRC ILIAC ART		3		3
Approved	3			3
0421 -PHYS THERP/VISIT		127		127
Approved	127			127
0431 -OCCUP THERP/VISIT		53		53
Approved	53			53
0441 -SPEECH PATH/VISIT		14		14
Approved	14			14
0551 -SKILLED NURS/VISIT		240		240
Approved	240			240
0561 -MED SOC SERV/VISIT		10		10
Approved	10			10
0571 -AIDE/HOME HLTH/VISIT		5		5
Approved	5			5
10006 -Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)		1		1
Approved	1			1
1002 -1002 BEHAVIORAL HEALTH ACCOMMODATIONS			1	1
Not a Covered Benefit			1	1
11042 -Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less		2	1	3
Not a Covered Benefit			1	1
Approved	2			2
11043 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less		2	1	3
Not a Covered Benefit			1	1
Approved	2			2
11044 -Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less			1	1
Not a Covered Benefit			1	1
11045 -Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)			1	1
Not a Covered Benefit			1	1
11046 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)			1	1



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Not a Covered Benefit			1	1
11441 -Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	1			1
Approved	1			1
11771 -Excision of pilonidal cyst or sinus; extensive	1			1
Approved	1			1
11971 -Removal of tissue expander(s) without insertion of prosthesis	1			1
Approved	1			1
12051 -Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	1			1
Approved	1			1
14040 -Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	1			1
Approved	1			1
14060 -Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	1			1
Approved	1			1
14301 -Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	2			2
Approved	2			2
14302 -Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	1			1
Approved	1			1
15002 -Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	2			2
Approved	2			2
15003 -Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each	1			1
Approved	1			1
15004 -Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or	4			4
Approved	4			4
15005 -Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or	1			1
Approved	1			1
15100 -Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	1			1
Approved	1			1

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15260 -Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less		3		3
Approved	3			3
15271 -Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area		2		2
Approved	2			2
15275 -Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area		5		5
Approved	5			5
15731 -Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)		2		2
Approved	2			2
15733 -Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)		1		1
Approved	1			1
15734 -Muscle, myocutaneous, or fasciocutaneous flap; trunk		1		1
Approved	1			1
15769 -Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)		1		1
Approved	1			1
15770 -Graft; derma-fat-fascia		1		1
Approved	1			1
15823 -Blepharoplasty, upper eyelid; with excessive skin weighting down lid		4		4
Approved	4			4
17306 -Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation incl		2		2
Approved	2			2
19281 -Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance		1		1
Approved	1			1
19301 -Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);		10		10
Approved	10			10
19303 -Mastectomy, simple, complete		1		1
Approved	1			1
19307 -Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle		1		1
Approved	1			1
19318 -Reduction mammoplasty		1	1	2
Not Med Necessary			1	1



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Approved 19380 -Revision of reconstructed breast	1	1		1
Approved 19499 -Unlisted procedure, breast	1	1		1
Approved 20206 -Biopsy, muscle, percutaneous needle	1	1		1
Approved 20240 -Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	1	1		1
Approved 20245 -Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	1	1		1
Approved 20525 -Removal of foreign body in muscle or tendon sheath; deep or complicated	1	1		1
Approved 20552 -Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	1	1		1
Approved 20680 -Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	1	6		6
Approved 20694 -Removal, under anesthesia, of external fixation system	6	1		6
Approved 20696 -Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging;	1	2		1
Approved 20704 -Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	2	1		2
Approved 20900 -Bone graft, any donor area; minor or small (eg, dowel or button)	1	3		1
Approved 20912 -Cartilage graft; nasal septum	3	2		3
Approved 20930 -Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	2	6		2
Approved 20931 -Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	6	11		6
Approved	11			11
Approved 20936 -Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)		5		5
Approved	5			5



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20937 -Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)		18		18
Approved	18			18
20939 -Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)		5		5
Approved	5			5
20955 -Bone graft with microvascular anastomosis; fibula		1		1
Approved	1			1
21012 -Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater		1		1
Approved	1			1
21014 -Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater		1		1
Approved	1			1
21025 -Excision of bone (eg, for osteomyelitis or bone abscess); mandible		1		1
Approved	1			1
21040 -Excision of benign tumor or cyst of mandible, by enucleation and/or curettage		1		1
Approved	1			1
21085 -Impression and custom preparation; oral surgical splint		3		3
Approved	3			3
21141 -Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft		1		1
Approved	1			1
21196 -Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation		1		1
Approved	1			1
21235 -Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)		4		4
Approved	4			4
21244 -Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)		1		1
Approved	1			1
21248 -Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial		1		1
Approved	1			1
21401 -Closed treatment of fracture of orbit, except blowout; with manipulation		1		1
Approved	1			1
22513 -Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance		4		4
Approved	4			4
22515 -Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance		1		1



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Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 22551 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2		1		1
Approved 22552 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	11			11
Approved 22558 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	11			11
Approved 22585 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)		2		2
Approved 22586 -Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace		2		2
Approved 22600 -Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment		1		1
Approved 22612 -Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)		1		1
Approved 22614 -Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)		2		2
Approved 22630 -Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar		3		3
Approved 22633 -Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar		3		3
Approved 22634 -Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment;		5		5
Approved 22840 -Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)		1		1
Approved		22		22
Approved		1		1
Approved		14		14
Approved		22		22
Approved		14		14
Approved		8		8
Approved		8		8



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22842 -Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)				
Approved	17			17
22843 -Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)				
Approved	1			1
22845 -Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)				
Approved	10			10
22846 -Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)				
Approved	3			3
22852 -Removal of posterior segmental instrumentation				
Approved	4			4
22853 -Insertion of interbody biomechanical device(s)(eg, synthetic cage,mesh) with integral anterior instrumentation for device anchoring (eg, screws,flanges) when performed to intervertebral disc space in conjunction with interbody arthrodesis, each interspace				
Approved	24			24
22854 -Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or				
Approved	1			1
22856 -Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical				
Approved	1			1
22858 -Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical				
Approved	1			1
23405 -Tenotomy, shoulder area; single tendon				
Approved	1			1
23412 -Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic				
Approved	5			5
23430 -Tenodesis of long tendon of biceps				
Approved	3			3
23470 -Arthroplasty, glenohumeral joint; hemiarthroplasty				
Approved	1			1
23472 -Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))				
	1			1



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Approved		1		1
23600 -Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation		1		1
Approved		1		1
23615 -Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;		1		1
Approved		1		1
23650 -Closed treatment of shoulder dislocation, with manipulation; without anesthesia		1		1
Approved		1		1
24073 -Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater		1		1
Approved		1		1
24341 -Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)		1		1
Approved		1		1
24342 -Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft		1		1
Approved		1		1
24343 -Repair lateral collateral ligament, elbow, with local tissue		1		1
Approved		1		1
24357 -Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous		1		1
Approved		1		1
24363 -Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)		1		1
Approved		1		1
24538 -Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension		1		1
Approved		1		1
25000 -Incision, extensor tendon sheath, wrist (eg, deQuervains disease)		2		2
Approved		2		2
25071 -Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater		1		1
Approved		1		1
25215 -Carpectomy; all bones of proximal row		1		1
Approved		1		1
25290 -Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon		4		4
Approved		4		4
25400 -Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)		1		1
Approved		1		1
25447 -Arthroplasty, interposition, intercarpal or carpometacarpal joints		1		1
Approved		1		1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
25505 -Closed treatment of radial shaft fracture; with manipulation		1		1
Approved	1			1
25515 -Open treatment of radial shaft fracture, includes internal fixation, when performed		1		1
Approved	1			1
25525 -Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed		1		1
Approved	1			1
25545 -Open treatment of ulnar shaft fracture, includes internal fixation, when performed		1		1
Approved	1			1
25606 -Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation		1		1
Approved	1			1
25607 -Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation		1		1
Approved	1			1
25609 -Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments		4		4
Approved	4			4
25675 -Closed treatment of distal radioulnar dislocation with manipulation		1		1
Approved	1			1
26040 -Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous		1		1
Approved	1			1
26055 -Tendon sheath incision (eg, for trigger finger)		3		3
Approved	3			3
26115 -Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm		1		1
Approved	1			1
26116 -Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm		2		2
Approved	2			2
26160 -Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger		1		1
Approved	1			1
26418 -Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon		1		1
Approved	1			1
26605 -Closed treatment of metacarpal fracture, single; with manipulation, each bone		1		1
Approved	1			1
26607 -Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone		1		1
Approved	1			1
26608 -Percutaneous skeletal fixation of metacarpal fracture, each bone		2		2



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Approved		2		2
26615 -Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone		1		1
Approved		1		1
26850 -Arthrodesis, metacarpophalangeal joint, with or without internal fixation;		1		1
Approved		1		1
26860 -Arthrodesis, interphalangeal joint, with or without internal fixation;		2		2
Approved		2		2
27130 -Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft		10		10
Approved		10		10
27132 -Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft		1		1
Approved		1		1
27279 -Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device		1		1
Approved		1		1
27280 -Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed		6		6
Approved		6		6
27310 -Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)		1		1
Approved		1		1
27347 -Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee		1		1
Approved		1		1
27385 -Suture of quadriceps or hamstring muscle rupture; primary		1		1
Approved		1		1
27386 -Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft		1		1
Approved		1		1
27403 -Arthrotomy with meniscus repair, knee		1		1
Approved		1		1
27420 -Reconstruction of dislocating patella; (eg, Hauser type procedure)		1		1
Approved		1		1
27422 -Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)		1		1
Approved		1		1
27424 -Reconstruction of dislocating patella; with patellectomy		1		1
Approved		1		1
27447 -Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		18		18
Approved		18		18



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27485 -Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)		1		1
Approved	1			1
27486 -Revision of total knee arthroplasty, with or without allograft; 1 component		3		3
Approved	3			3
27524 -Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair		1		1
Approved	1			1
27535 -Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed		2		2
Approved	2			2
27640 -Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia		1		1
Approved	1			1
27650 -Repair, primary, open or percutaneous, ruptured Achilles tendon;		1		1
Approved	1			1
27654 -Repair, secondary, Achilles tendon, with or without graft		1		1
Approved	1			1
27664 -Repair, extensor tendon, leg; primary, without graft, each tendon		1		1
Approved	1			1
27685 -Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)		1		1
Approved	1			1
27698 -Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)		1		1
Approved	1			1
27704 -Removal of ankle implant		1		1
Approved	1			1
27720 -Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)		1		1
Approved	1			1
27726 -Repair of fibula nonunion and/or malunion with internal fixation		1		1
Approved	1			1
27792 -Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed		2		2
Approved	2			2
27814 -Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed		2		2
Approved	2			2
27822 -Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip		1		1
Approved	1			1
27829 -Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed		2		2
Approved	2			2



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27870 -Arthrodesis, ankle, open		1		1
Approved		1		1
28001 -Incision and drainage, bursa, foot		1		1
Approved		1		1
28008 -Fasciotomy, foot and/or toe		2		2
Approved		2		2
28039 -Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater		1		1
Approved		1		1
28045 -Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm		1		1
Approved		1		1
28060 -Fasciectomy, plantar fascia; partial (separate procedure)		1		1
Approved		1		1
28090 -Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot		1		1
Approved		1		1
28120 -Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus		1		1
Approved		1		1
28122 -Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus		1		1
Approved		1		1
28192 -Removal of foreign body, foot; deep		1		1
Approved		1		1
28230 -Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)		1		1
Approved		1		1
28285 -Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)		1		1
Approved		1		1
28289 -Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant		1		1
Approved		1		1
28296 -Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method		1		1
Approved		1		1
28299 -Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method		3		3
Approved		3		3
28315 -Sesamoidectomy, first toe (separate procedure)		1		1
Approved		1		1
28322 -Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)		1		1
Approved		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
28505 -Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed		1		1
Approved	1			1
28615 -Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed		1		1
Approved	1			1
28715 -Arthrodesis; triple		1		1
Approved	1			1
28725 -Arthrodesis; subtalar		1		1
Approved	1			1
28730 -Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;		6		6
Approved	6			6
28740 -Arthrodesis, midtarsal or tarsometatarsal, single joint		1		1
Approved	1			1
29581 -Application of multi-layer compression system; leg (below knee), including ankle and foot		1		1
Approved	1			1
29806 -Arthroscopy, shoulder, surgical; capsulorrhaphy		2		2
Approved	2			2
29807 -Arthroscopy, shoulder, surgical; repair of SLAP lesion		1		1
Approved	1			1
29822 -Arthroscopy, shoulder, surgical; debridement, limited		5		5
Approved	5			5
29823 -Arthroscopy, shoulder, surgical; debridement, extensive		6		6
Approved	6			6
29824 -Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)		9		9
Approved	9			9
29825 -Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation		2		2
Approved	2			2
29826 -Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)		19		19
Approved	19			19
29827 -Arthroscopy, shoulder, surgical; with rotator cuff repair		15		15
Approved	15			15
29828 -Arthroscopy, shoulder, surgical; biceps tenodesis		5		5
Approved	5			5
29834 -Arthroscopy, elbow, surgical; with removal of loose body or foreign body		2		2
Approved	2			2
29838 -Arthroscopy, elbow, surgical; debridement, extensive		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 29848 -Endoscopy, wrist, surgical, with release of transverse carpal ligament		2 1		2 1
Approved 29862 -Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum		1 1		1 1
Approved 29873 -Arthroscopy, knee, surgical; with lateral release		1 1		1 1
Approved 29874 -Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)		1 1		1 1
Approved 29879 -Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture		1 5		1 5
Approved		5		5
29881 -Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed		7		7
Approved 29882 -Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)		7 7		7 7
Approved 29888 -Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction		7 5		7 5
Approved		5		5
29891 -Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect		1		1
Approved 29893 -Endoscopic plantar fasciotomy		1 1		1 1
Approved 29898 -Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive		1 1		1 1
Approved 29914 -Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)		1 2		1 2
Approved 29915 -Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)		2 1		2 1
Approved 29916 -Arthroscopy, hip, surgical; with labral repair		1 2		1 2
Approved 29999 -Unlisted procedure, arthroscopy		2 1		2 1
Approved 30115 -Excision, nasal polyp(s), extensive		1 1		1 1
Approved 30117 -Excision or destruction (eg, laser), intranasal lesion; internal approach		1 2		1 2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		2		2
30140 -Submucous resection inferior turbinate, partial or complete, any method		17		17
Approved		17		17
30460 -Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only		1		1
Approved		1		1
30465 -Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)		2		2
Approved		2		2
30520 -Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft		15		15
Approved		15		15
30801 -Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial		1		1
Approved		1		1
30802 -Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)		4		4
Approved		4		4
30901 -Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method		1		1
Approved		1		1
30930 -Fracture nasal inferior turbinate(s), therapeutic		5		5
Approved		5		5
31000 -Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)		1		1
Approved		1		1
31002 -Lavage by cannulation; sphenoid sinus		1		1
Approved		1		1
31231 -Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)		1		1
Approved		1		1
31233 -Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)		10		10
Approved		10		10
31235 -Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)		10		10
Approved		10		10
31237 -Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)		10		10
Approved		10		10
31240 -Nasal/sinus endoscopy, surgical; with concha bullosa resection		4		4
Approved		4		4
31253 -Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed		2		2
Approved		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
31254 -Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)		12		12
Approved	12			12
31255 -Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)		3		3
Approved	3			3
31256 -Nasal/sinus endoscopy, surgical, with maxillary antrostomy;		3		3
Approved	3			3
31257 -Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy		3		3
Approved	3			3
31259 -Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus		1		1
Approved	1			1
31267 -Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		5		5
Approved	5			5
31276 -Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed		6		6
Approved	6			6
31287 -Nasal/sinus endoscopy, surgical, with sphenoidotomy;		1		1
Approved	1			1
31295 -Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa		15		15
Approved	15			15
31296 -Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)		2		2
Approved	2			2
31297 -Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)		1		1
Approved	1			1
31298 -Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)		16		16
Approved	16			16
31505 -Laryngoscopy, indirect; diagnostic (separate procedure)		1		1
Approved	1			1
31525 -Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn		1		1
Approved	1			1
31526 -Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope		1		1
Approved	1			1
31600 -Tracheostomy, planned (separate procedure);		2		2
Approved	2			2
31614 -Tracheostoma revision; complex, with flap rotation		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		1		1
31622 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		3		3
Approved		3		3
31623 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		2		2
Approved		2		2
31628 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		1		1
Approved		1		1
31629 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)		1		1
Approved		1		1
33207 -Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular		1		1
Approved		1		1
33208 -Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		2		2
Approved		2		2
33249 -Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber		3		3
Approved		3		3
33285 -Insertion, subcutaneous cardiac rhythm monitor, including programming		1		1
Approved		1		1
33315 -Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass		1		1
Approved		1		1
33410 -Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve		1		1
Approved		1		1
33508 -Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)		2		2
Approved		2		2
33518 -Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)		1		1
Approved		1		1
33519 -Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)		2		2
Approved		2		2
33533 -Coronary artery bypass, using arterial graft(s); single arterial graft		4		4
Approved		4		4



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
33945 -Heart transplant, with or without recipient cardiectomy		1		1
Approved	1			1
33979 -Insertion of ventricular assist device, implantable intracorporeal, single ventricle		1		1
Approved	1			1
33990 -Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only		1		1
Approved	1			1
35011 -Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision		1		1
Approved	1			1
35533 -Bypass graft, with vein; axillary-femoral-femoral		1		1
Approved	1			1
35556 -Bypass graft, with vein; femoral-popliteal		3		3
Approved	3			3
36000 -Introduction of needle or intracatheter, vein		1		1
Approved	1			1
36005 -Injection procedure for extremity venography (including introduction of needle or intracatheter)		3		3
Approved	3			3
36010 -Introduction of catheter, superior or inferior vena cava		3		3
Approved	3			3
36011 -Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)		2		2
Approved	2			2
36012 -Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)		1		1
Approved	1			1
36226 -Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed		1		1
Approved	1			1
36228 -Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation		1		1
Approved	1			1
36246 -Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family		3		3
Approved	3			3
36247 -Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family		2		2
Approved	2			2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
36248 -Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch,within a vascular family (List in addition to code for initial second or third order vessel as appropriate		2		2
Approved	2			2
36415 -Collection of venous blood by venipuncture		1		1
Approved	1			1
36465 -Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring;		5		5
Approved	5			5
36466 -Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring;		12		12
Approved	12			12
36470 -Injection of sclerosant; single incompetent vein (other than telangiectasia)		3		3
Approved	3			3
36471 -Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg		19		19
Approved	19			19
36473 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated		1		1
Approved	1			1
36474 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately i		1		1
Approved	1			1
36475 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated		40		40
Approved	40			40
36476 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites		6		6
Approved	6			6
36482 -Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated		8		8
Approved	8			8
36483 -Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous;		5		5
Approved	5			5
36561 -Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older		2		2

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		2		2
36590 -Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion		1		1
Approved		1		1
36821 -Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)		1		1
Approved		1		1
36830 -Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)		1		1
Approved		1		1
36903 -Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial a		1		1
Approved		1		1
36906 -Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter pla		1		1
Approved		1		1
36908 -Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the cent		1		1
Approved		1		1
37187 -Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance		1		1
Approved		1		1
37191 -Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed		1		1
Approved		1		1
37193 -Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when		1		1
Approved		1		1
37220 -Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty		1		1
Approved		1		1
37221 -Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed		1		1
Approved		1		1
37224 -Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 37225 -Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed		2		2
Approved 37226 -Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed		2		2
Approved 37227 -Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed		2		2
Approved 37228 -Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty		1		1
Approved 37229 -Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed		1		1
Approved 37230 -Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed		1		1
Approved 37238 -Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein		3		3
Approved 37239 -Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed;		2		2
Approved 37242 -Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention;		1		1
Approved 37248 -Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein		1		1
Approved 37252 -Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)		3		3
Approved		3		3



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
37253 -Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedur		3		3
Approved	3			3
37600 -Ligation; external carotid artery		1		1
Approved	1			1
37765 -Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions		2		2
Approved	2			2
37766 -Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions		2		2
Approved	2			2
38204 -Management of recipient hematopoietic progenitor cell donor search and cell acquisition		2		2
Approved	2			2
38205 -Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic		3		3
Approved	3			3
38220 -Diagnostic bone marrow; aspiration(s)		1		1
Approved	1			1
38221 -Diagnostic bone marrow; biopsy(ies)		3		3
Approved	3			3
38222 -Diagnostic bone marrow; biopsy(ies) and aspiration(s)		1		1
Approved	1			1
38240 -Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor		6		6
Approved	6			6
38241 -Hematopoietic progenitor cell (HPC); autologous transplantation		3		3
Approved	3			3
38510 -Biopsy or excision of lymph node(s); open, deep cervical node(s)		1		1
Approved	1			1
38525 -Biopsy or excision of lymph node(s); open, deep axillary node(s)		3		3
Approved	3			3
38571 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		3		3
Approved	3			3
38572 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple		2		2
Approved	2			2
38724 -Cervical lymphadenectomy (modified radical neck dissection)		2		2
Approved	2			2
38740 -Axillary lymphadenectomy; superficial		1		1
Approved	1			1
38745 -Axillary lymphadenectomy; complete		1		1
Approved	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
38770 -Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)		1		1
Approved		1		1
38900 -Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)		1		1
Approved		1		1
40819 -Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)		1		1
Approved		1		1
41113 -Excision of lesion of tongue with closure; posterior one-third		1		1
Approved		1		1
41115 -Excision of lingual frenum (frenectomy)		1		1
Approved		1		1
41135 -Glossectomy; partial, with unilateral radical neck dissection		2		2
Approved		2		2
41899 -Unlisted procedure, dentoalveolar structures		8		8
Approved		8		8
42140 -Uvulectomy, excision of uvula		1		1
Approved		1		1
42335 -Sialolithotomy; submandibular (submaxillary), complicated, intraoral		1		1
Approved		1		1
42820 -Tonsillectomy and adenoidectomy; younger than age 12		5		5
Approved		5		5
42826 -Tonsillectomy, primary or secondary; age 12 or over		10		10
Approved		10		10
42830 -Adenoidectomy, primary; younger than age 12		1		1
Approved		1		1
43191 -Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)		1		1
Approved		1		1
43235 -Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		7		7
Approved		7		7
43237 -Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures		2		2
Approved		2		2
43238 -Esophagogastroduodenoscopy, flexible, transoral;		2		2
Approved		2		2
43239 -Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple		6		6
Approved		6		6



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
43242 -Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgicalall		2		2
Approved	2			2
43259 -Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis		2		2
Approved	2			2
43276 -Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchange		1		1
Approved	1			1
43774 -Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components		1		1
Approved	1			1
44120 -Enterectomy, resection of small intestine; single resection and anastomosis		1		1
Approved	1			1
44130 -Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)		1		1
Approved	1			1
44204 -Laparoscopy, surgical; colectomy, partial, with anastomosis		2		2
Approved	2			2
44312 -Revision of ileostomy; simple (release of superficial scar) (separate procedure)		1		1
Approved	1			1
44320 -Colostomy or skin level cecostomy;		2		2
Approved	2			2
44625 -Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal		2		2
Approved	2			2
45111 -Proctectomy; partial resection of rectum, transabdominal approach		1		1
Approved	1			1
45112 -Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)		1		1
Approved	1			1
45331 -Sigmoidoscopy, flexible; with biopsy, single or multiple		1		1
Approved	1			1
45378 -Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		3		3
Approved	3			3
45380 -Colonoscopy, flexible; with biopsy, single or multiple		6		6
Approved	6			6



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
45505 -Proctoplasty; for prolapse of mucous membrane		2		2
Approved		2		2
46060 -Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton		1		1
Approved		1		1
46200 -Fissurectomy, including sphincterotomy, when performed		1		1
Approved		1		1
46221 -Hemorrhoidectomy, internal, by rubber band ligation(s)		3		3
Approved		3		3
46260 -Hemorrhoidectomy, internal and external, 2 or more columns/groups;		3		3
Approved		3		3
46607 -Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple		1		1
Approved		1		1
46946 -Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups		3		3
Approved		3		3
46947 -Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling		1		1
Approved		1		1
47000 -Biopsy of liver, needle; percutaneous		4		4
Approved		4		4
47135 -Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age		4		4
Approved		4		4
47382 -Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency		1		1
Approved		1		1
47562 -Laparoscopy, surgical; cholecystectomy		11		11
Approved		11		11
47563 -Laparoscopy, surgical; cholecystectomy with cholangiography		23		23
Approved		23		23
47600 -Cholecystectomy;		1		1
Approved		1		1
48140 -Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy		1		1
Approved		1		1
48554 -Transplantation of pancreatic allograft		1		1
Approved		1		1
49000 -Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)		3		3
Approved		3		3
49320 -Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)		2		2
Approved		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
49495 -Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible		1		1
Approved	1			1
49560 -Repair initial incisional or ventral hernia; reducible		13		13
Approved	13			13
49561 -Repair initial incisional or ventral hernia; incarcerated or strangulated		2		2
Approved	2			2
49565 -Repair recurrent incisional or ventral hernia; reducible		2		2
Approved	2			2
49566 -Repair recurrent incisional or ventral hernia; incarcerated or strangulated		1		1
Approved	1			1
49568 -Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)		13		13
Approved	13			13
49570 -Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)		3		3
Approved	3			3
49585 -Repair umbilical hernia, age 5 years or older; reducible		13		13
Approved	13			13
49587 -Repair umbilical hernia, age 5 years or older; incarcerated or strangulated		2		2
Approved	2			2
49650 -Laparoscopy, surgical; repair initial inguinal hernia		10		10
Approved	10			10
49651 -Laparoscopy, surgical; repair recurrent inguinal hernia		1		1
Approved	1			1
49652 -Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible		1		1
Approved	1			1
49654 -Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible		2		2
Approved	2			2
49655 -Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated		1		1
Approved	1			1
50080 -Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm		1		1
Approved	1			1
50081 -Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm		3		3



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 50220 -Nephrectomy, including partial ureterectomy, any open approach including rib resection;	3	1		3
Approved 50240 -Nephrectomy, partial	1	1		1
Approved 50360 -Renal allotransplantation, implantation of graft; without recipient nephrectomy	1	3		3
Approved 50387 -Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	3	2		3
Approved 50390 -Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	2	1		2
Approved 50435 -Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	1	3		1
Approved 50543 -Laparoscopy, surgical; partial nephrectomy	3	1		3
Approved 50545 -Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	1	5		1
Approved 50590 -Lithotripsy, extracorporeal shock wave	5	8		5
Approved 51102 -Aspiration of bladder; with insertion of suprapubic catheter	8	1		8
Approved 51700 -Bladder irrigation, simple, lavage and/or instillation	1	1		1
Approved 52000 -Cystourethroscopy (separate procedure)	1	12		1
Approved 52005 -Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	12	1		12
Approved 52204 -Cystourethroscopy, with biopsy(s)	1	1		1
Approved 52260 -Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	1	1		1
Approved 52287 -Cystourethroscopy, with injection(s) for chemodenervation of the bladder	4	4		4
Approved	4			4



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
52310 -Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple				
Approved	1			1
52318 -Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)				
Approved	1			1
52332 -Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)				
Approved	3			3
52351 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic				
Approved	1			1
52353 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)				
Approved	3			3
52356 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)				
Approved	6			6
52601 -Transurethral electro-surgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)				
Approved	1			1
54161 -Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age				
Approved	2			2
54322 -1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)				
Approved	1			1
54435 -Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism				
Approved	1			1
54640 -Orchiopexy, inguinal approach, with or without hernia repair				
Approved	1			1
55040 -Excision of hydrocele; unilateral				
Approved	1			1
55041 -Excision of hydrocele; bilateral				
Approved	1			1
55060 -Repair of tunica vaginalis hydrocele (Bottle type)				
Approved	1			1
55520 -Excision of lesion of spermatic cord (separate procedure)				
Approved	1			1
55700 -Biopsy, prostate; needle or punch, single or multiple, any approach				
Approved	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
55845 -Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes				
Approved	1			1
55866 -Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed				
Approved	2			2
56501 -Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)				
Approved	3			3
56515 -Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)				
Approved	1			1
56740 -Excision of Bartholin's gland or cyst				
Approved	1			1
57135 -Excision of vaginal cyst or tumor				
Approved	2			2
57155 -Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy				
Approved	2			2
57283 -Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)				
Approved	2			2
57288 -Sling operation for stress incontinence (eg, fascia or synthetic)				
Approved	5			5
57295 -Revision (including removal) of prosthetic vaginal graft; vaginal approach				
Approved	3			3
57500 -Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)				
Approved	1			1
57522 -Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision				
Approved	1			1
58146 -Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach				
Approved	2			2
58150 -Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);				
Approved	6			6
58152 -Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)				
Approved	2			2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
58180 -Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)		1		1
Approved	1			1
58541 -Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;		1		1
Approved	1			1
58550 -Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;		1		1
Approved	1			1
58558 -Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C		4		4
Approved	4			4
58561 -Hysteroscopy, surgical; with removal of leiomyomata		2		2
Approved	2			2
58563 -Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)		2		2
Approved	2			2
58571 -Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)		21		21
Approved	21			21
58573 -Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)		1		1
Approved	1			1
58661 -Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)		14		14
Approved	14			14
58662 -Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method		1		1
Approved	1			1
58670 -Laparoscopy, surgical; with fulguration of oviducts (with or without transection)		1		1
Approved	1			1
58700 -Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)		2		2
Approved	2			2
58925 -Ovarian cystectomy, unilateral or bilateral		1		1
Approved	1			1
58953 -Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;		1		1
Approved	1			1
59000 -Amniocentesis; diagnostic		3		3
Approved	3			3
59001 -Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)		4		4
Approved	4			4



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
59015 -Chorionic villus sampling, any method		3		3
Approved	3			3
59400 -Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care		8		8
Approved	8			8
59510 -Routine obstetric care including antepartum care, cesarean delivery, and postpartum care		1		1
Approved	1			1
59812 -Treatment of incomplete abortion, any trimester, completed surgically		2		2
Approved	2			2
60220 -Total thyroid lobectomy, unilateral; with or without isthmusectomy		4		4
Approved	4			4
60240 -Thyroidectomy, total or complete		5		5
Approved	5			5
60252 -Thyroidectomy, total or subtotal for malignancy; with limited neck dissection		1		1
Approved	1			1
60260 -Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid		3		3
Approved	3			3
60280 -Excision of thyroglossal duct cyst or sinus;		1		1
Approved	1			1
60512 -Parathyroid autotransplantation (List separately in addition to code for primary procedure)		1		1
Approved	1			1
61510 -Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma		1		1
Approved	1			1
61558 -Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts		1		1
Approved	1			1
61624 -Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)		1		1
Approved	1			1
61680 -Surgery of intracranial arteriovenous malformation; supratentorial, simple		1		1
Approved	1			1
61682 -Surgery of intracranial arteriovenous malformation; supratentorial, complex		1		1
Approved	1			1
61684 -Surgery of intracranial arteriovenous malformation; infratentorial, simple		1		1
Approved	1			1
61690 -Surgery of intracranial arteriovenous malformation; dural, simple		1		1
Approved	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
61781 -Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		1		1
Approved	1			1
61782 -Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)		16		16
Approved	16			16
61783 -Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)		1		1
Approved	1			1
62270 -Spinal puncture, lumbar, diagnostic		3		3
Approved	3			3
62323 -Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar		1		1
Approved	1			1
62362 -Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming		1		1
Approved	1			1
62369 -Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill		2		2
Approved	2			2
62370 -Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status);		2		2
Approved	2			2
63005 -Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis		1		1
Approved	1			1
63012 -Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)		2		2
Approved	2			2
63030 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar		25		25
Approved	25			25
63035 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primar		2		2
Approved	2			2

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
63042 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar				
Approved	8			8
63044 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace;				
Approved	2			2
63045 -Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical				
Approved	2			2
63047 -Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar				
Approved	26			26
63048 -Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment;				
Approved	11			11
63085 -Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment				
Approved	1			1
63087 -Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment				
Approved	1			1
63101 -Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment				
Approved	1			1
63267 -Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar				
Approved	1			1
63277 -Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar				
Approved	1			1
63282 -Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar				
Approved	1			1
63287 -Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar				
	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 63650 -Percutaneous implantation of neurostimulator electrode array, epidural		1		1
		12		12
Approved 63655 -Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural		12		12
		1		1
Approved 63685 -Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling		1		1
		3		3
Approved 63688 -Revision or removal of implanted spinal neurostimulator pulse generator or receiver		3		3
		1		1
Approved 64450 -Injection, anesthetic agent; other peripheral nerve or branch		1		1
		2		2
Approved 64479 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level		2		2
		2		2
Approved 64480 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)		2		2
		1		1
Approved 64483 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level		1		1
		3		3
Approved 64484 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)		3		3
		1		1
Approved 64490 -Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level		1		1
		1		1
Approved 64491 -Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic;		1		1
		1		1
Approved 64492 -Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to co		1		1
		1		1
Approved 64615 -Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)		1		1
		27		27
Approved		27		27



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
64625 -Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)				
Approved	1			1
64635 -Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint				
Approved	1			1
64636 -Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)				
Approved	2			2
64642 -Chemodeneration of one extremity; 1-4 muscle(s)				
Not a Covered Benefit			1	1
Approved	2			2
64645 -Chemodeneration of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)				
Not a Covered Benefit			1	1
64716 -Neuroplasty and/or transposition; cranial nerve (specify)				
Approved	2			2
64718 -Neuroplasty and/or transposition; ulnar nerve at elbow				
Approved	2			2
64721 -Neuroplasty and/or transposition; median nerve at carpal tunnel				
Not a Covered Benefit			1	1
Approved	27			27
64722 -Decompression; unspecified nerve(s) (specify)				
Approved	1			1
64772 -Transection or avulsion of other spinal nerve, extradural				
Approved	1			1
64784 -Excision of neuroma; major peripheral nerve, except sciatic				
Approved	1			1
64787 -Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)				
Approved	1			1
64999 -Unlisted procedure, nervous system				
Approved	3			3
65235 -Removal of foreign body, intraocular; from anterior chamber of eye or lens				
Approved	2			2
65265 -Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction				
Approved	2			2
65400 -Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium				
Approved	1			1
65426 -Excision or transposition of pterygium; with graft				
	7			7



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 65756 -Keratoplasty (corneal transplant); endothelial		7 1		7 1
Approved 65778 -Placement of amniotic membrane on the ocular surface; without sutures		1 24		1 24
Approved 65780 -Ocular surface reconstruction; amniotic membrane transplantation, multiple layers		24 4		24 4
Approved 65782 -Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)		4 1		4 1
Approved 65820 -Goniotomy		1 1		1 1
Approved 66174 -Transluminal dilation of aqueous outflow canal; without retention of device or stent		1 1		1 1
Approved 66761 -Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)		1 1		1 1
Approved 66821 -Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)		1 3		1 3
Approved 66982 -Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification),		3 1		3 1
Approved 66984 -Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)		1 7		1 7
Approved		7		7
66985 -Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal		1		1
Approved 67025 -Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)		1 2		1 2
Approved 67028 -Intravitreal injection of a pharmacologic agent (separate procedure)		2 30		2 30
Approved 67039 -Vitreotomy, mechanical, pars plana approach; with focal endolaser photocoagulation		30 1		30 1
Approved 67040 -Vitreotomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation		1 2		1 2
Approved		2		2
67041 -Vitreotomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)		2		2
Approved		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
67108 -Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique				
Approved	1			1
67113 -Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees),				
Approved	5			5
67145 -Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)				
Approved	1			1
67210 -Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation				
Approved	19			19
67220 -Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions				
Approved	1			1
67228 -Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation				
Approved	31			31
67311 -Strabismus surgery, recession or resection procedure; 1 horizontal muscle				
Approved	3			3
67343 -Release of extensive scar tissue without detaching extraocular muscle (separate procedure)				
Approved	1			1
67400 -Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy				
Approved	1			1
67420 -Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion				
Approved	1			1
67840 -Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure				
Approved	1			1
67875 -Temporary closure of eyelids by suture (eg, Frost suture)				
Approved	2			2
67904 -Repair of blepharoptosis; (tarso) levator resection or advancement, external approach				
Approved	1			1
68115 -Excision of lesion, conjunctiva; over 1 cm				
Approved	1			1
68135 -Destruction of lesion, conjunctiva				
Approved	1			1
68326 -Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement				
Approved	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
69310 -Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)		1		1
Approved		1		1
69424 -Ventilating tube removal requiring general anesthesia		1		1
Approved		1		1
69433 -Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia		2		2
Approved		2		2
69436 -Tympanostomy (requiring insertion of ventilating tube), general anesthesia		8		8
Approved		8		8
69502 -Mastoidectomy; complete		1		1
Approved		1		1
69610 -Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch		1		1
Approved		1		1
69620 -Myringoplasty (surgery confined to drumhead and donor area)		1		1
Approved		1		1
69631 -Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction		2		2
Approved		2		2
69643 -Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction		1		1
Approved		1		1
69990 -Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)		2		2
Approved		2		2
70100 -Radiologic examination, mandible; partial, less than 4 views		1		1
Approved		1		1
70310 -Radiologic examination, teeth; partial examination, less than full mouth		1		1
Approved		1		1
70450 -Computed tomography, head or brain; without contrast material		1		1
Approved		1		1
70460 -Computed tomography, head or brain; with contrast material(s)		2		2
Approved		2		2
70486 -Computed tomography, maxillofacial area; without contrast material		1		1
Approved		1		1
70491 -Computed tomography, soft tissue neck; with contrast material(s)		3		3
Approved		3		3
70496 -Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		2		2
Approved		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
70544 -Magnetic resonance angiography, head; without contrast material(s)		1		1
Approved	1			1
70551 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		4		4
Approved	4			4
70553 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences		8		8
Approved	8			8
71010 -Radiologic examination, chest; single view, frontal		1		1
Approved	1			1
71035 -Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)		1		1
Approved	1			1
71045 -Radiologic examination, chest; single view		2		2
Approved	2			2
71046 -Radiologic examination, chest; 2 views		11		11
Approved	11			11
71047 -Radiologic examination, chest; 3 views		1		1
Approved	1			1
71048 -Radiologic examination, chest; 4 or more views		2		2
Approved	2			2
71250 -Computed tomography, thorax; without contrast material		9		9
Approved	9			9
71260 -Computed tomography, thorax; with contrast material(s)		9		9
Approved	9			9
71270 -Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections		4		4
Approved	4			4
71275 -Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		2		2
Approved	2			2
71555 -Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		1		1
Approved	1			1
72040 -Radiologic examination, spine, cervical; 2 or 3 views		6		6
Approved	6			6
72070 -Radiologic examination, spine; thoracic, 2 views		1		1
Approved	1			1
72082 -Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views		1		1
Approved	1			1
72100 -Radiologic examination, spine, lumbosacral; 2 or 3 views		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		2		2
72131 -Computed tomography, lumbar spine; without contrast material		1		1
Approved		1		1
72141 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		8		8
Approved		8		8
72146 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		3		3
Approved		3		3
72148 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		6		6
Approved		6		6
72191 -Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		1		1
Approved		1		1
72192 -Computed tomography, pelvis; without contrast material		3		3
Approved		3		3
72193 -Computed tomography, pelvis; with contrast material(s)		2		2
Approved		2		2
72195 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)		3		3
Approved		3		3
72197 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences		1		1
Approved		1		1
73070 -Radiologic examination, elbow; 2 views		1		1
Approved		1		1
73090 -Radiologic examination; forearm, 2 views		2		2
Approved		2		2
73140 -Radiologic examination, finger(s), minimum of 2 views		1		1
Approved		1		1
73218 -Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)		1		1
Approved		1		1
73221 -Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		4		4
Approved		4		4
73500 -RADIOLOGIC EXAMINATION HIP UNILATERAL 1 VIEW		3		3
Approved		3		3
73510 -RADIOLOGIC EXAMINATION HIP UNILATERAL COMPLETE MINIMUM O		3		3
Approved		3		3



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
73520 -RADIOLOGIC EXAMINATION HIPS BILATERAL MINIMUM OF 2 VIEWS		3		3
Approved		3		3
73540 -RADIOLOGIC EXAMINATION PELVIS AND HIPS INFANT OR CHILD MINIM		3		3
Approved		3		3
73564 -Radiologic examination, knee; complete, 4 or more views		1		1
Approved		1		1
73706 -Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		1		1
Approved		1		1
73721 -Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		5		5
Approved		5		5
74018 -Radiologic examination, abdomen; 1 view		2		2
Approved		2		2
74150 -Computed tomography, abdomen; without contrast material		3		3
Approved		3		3
74160 -Computed tomography, abdomen; with contrast material(s)		4		4
Approved		4		4
74170 -Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections		8		8
Approved		8		8
74174 -Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		2		2
Approved		2		2
74175 -Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		1		1
Approved		1		1
74176 -Computed tomography, abdomen and pelvis; without contrast material		6		6
Approved		6		6
74177 -Computed tomography, abdomen and pelvis; with contrast material(s)		6		6
Approved		6		6
74178 -Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions		7		7
Approved		7		7
74181 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		3		3
Approved		3		3
74182 -Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)		3		3
Approved		3		3
74183 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences		8		8
Approved		8		8



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
74185 -Magnetic resonance angiography, abdomen, with or without contrast material(s)		1		1
Approved		1		1
74230 -Swallowing function, with cineradiography/videoradiography		5		5
Approved		5		5
74240 -Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB		2		2
Approved		2		2
74270 -Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB		1		1
Approved		1		1
74330 -Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation		1		1
Approved		1		1
74455 -Urethrocytography, voiding, radiological supervision and interpretation		1		1
Approved		1		1
75557 -Cardiac magnetic resonance imaging for morphology and function without contrast material;		3		3
Approved		3		3
75561 -Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;		3		3
Approved		3		3
75565 -Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)		1		1
Approved		1		1
75574 -Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluatio		3		3
Approved		3		3
75625 -Aortography, abdominal, by serialography, radiological supervision and interpretation		6		6
Approved		6		6
75630 -Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation		4		4
Approved		4		4
75710 -Angiography, extremity, unilateral, radiological supervision and interpretation		5		5
Approved		5		5
75716 -Angiography, extremity, bilateral, radiological supervision and interpretation		6		6
Approved		6		6
75726 -Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation		2		2
Approved		2		2
75774 -Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		2		2
75820 -Venography, extremity, unilateral, radiological supervision and interpretation		3		3
Approved		3		3
75822 -Venography, extremity, bilateral, radiological supervision and interpretation		3		3
Approved		3		3
75825 -Venography, caval, inferior, with serialography, radiological supervision and interpretation		2		2
Approved		2		2
75894 -Transcatheter therapy, embolization, any method, radiological supervision and interpretation		1		1
Approved		1		1
76000 -Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time		5		5
Approved		5		5
76377 -3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision;		1		1
Approved		1		1
76512 -Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)		2		2
Approved		2		2
76536 -Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation		7		7
Approved		7		7
76700 -Ultrasound, abdominal, real time with image documentation; complete		9		9
Approved		9		9
76705 -Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)		4		4
Approved		4		4
76770 -Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete		11		11
Approved		11		11
76801 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation		12		12
Approved		12		12
76805 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation		11		11
Approved		11		11
76811 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation		27		27
Approved		27		27



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
76813 -Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation		13		13
Approved	13			13
76815 -Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses		31		31
Approved	31			31
76816 -Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a prev		46		46
Approved	46			46
76817 -Ultrasound, pregnant uterus, real time with image documentation, transvaginal		9		9
Approved	9			9
76819 -Fetal biophysical profile; without non-stress testing		42		42
Approved	42			42
76820 -Doppler velocimetry, fetal; umbilical artery		10		10
Approved	10			10
76821 -Doppler velocimetry, fetal; middle cerebral artery		8		8
Approved	8			8
76825 -Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;		10		10
Approved	10			10
76827 -Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete		3		3
Approved	3			3
76856 -Ultrasound, pelvic (nonobstetric), real time with image documentation; complete		1		1
Approved	1			1
76857 -Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)		1		1
Approved	1			1
76870 -Ultrasound, scrotum and contents		4		4
Approved	4			4
76882 -Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation		1		1
Approved	1			1
76937 -Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting		1		1
Approved	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
76942 -Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		7		7
Approved	7			7
76945 -Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation		2		2
Approved	2			2
76946 -Ultrasonic guidance for amniocentesis, imaging supervision and interpretation		5		5
Approved	5			5
77001 -Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access s		1		1
Approved	1			1
77002 -Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		1		1
Approved	1			1
77003 -Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)		3		3
Approved	3			3
77012 -Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		3		3
Approved	3			3
77013 -Computed tomography guidance for, and monitoring of, parenchymal tissue ablation		1		1
Approved	1			1
77014 -Computed tomography guidance for placement of radiation therapy fields		24		24
Approved	24			24
77049 -Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral		1		1
Approved	1			1
77052 -Computeraided detection computer algorithm analysis of dig		2		2
Approved	2			2
77057 -SCREENING MAMMOGRAPHY, BILATERAL		2		2
Approved	2			2
77059 -Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral		1		1
Approved	1			1
77067 -Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed		3		3
Approved	3			3
77075 -Radiologic examination, osseous survey; complete (axial and appendicular skeleton)		3		3
Approved	3			3

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
77080 -Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)		3		3
Approved	3			3
77261 -Therapeutic radiology treatment planning; simple		1		1
Approved	1			1
77262 -Therapeutic radiology treatment planning; intermediate		1		1
Approved	1			1
77263 -Therapeutic radiology treatment planning; complex		53		53
Approved	53			53
77280 -Therapeutic radiology simulation-aided field setting; simple		30		30
Approved	30			30
77285 -Therapeutic radiology simulation-aided field setting; intermediate		1		1
Approved	1			1
77290 -Therapeutic radiology simulation-aided field setting; complex		44		44
Approved	44			44
77293 -Respiratory motion management simulation (List separately in addition to code for primary procedure)		4		4
Approved	4			4
77295 -3-dimensional radiotherapy plan, including dose-volume histograms		23		23
Approved	23			23
77300 -Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, onl		52		52
Approved	52			52
77301 -Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications		29		29
Approved	29			29
77306 -Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)		1		1
Approved	1			1
77307 -Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)		24		24
Approved	24			24
77317 -Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)		1		1
Approved	1			1
77318 -Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)		1		1
Approved	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
77321 -Special teletherapy port plan, particles, hemibody, total body		5		5
Approved		5		5
77327 -BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (MULTIPLANE DOSAGE		2		2
Approved		2		2
77331 -Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician		2		2
Approved		2		2
77332 -Treatment devices, design and construction; simple (simple block, simple bolus)		4		4
Approved		4		4
77333 -Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)		2		2
Approved		2		2
77334 -Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)		67		67
Approved		67		67
77336 -Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy		57		57
Approved		57		57
77338 -Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan		30		30
Approved		30		30
77370 -Special medical radiation physics consultation		13		13
Approved		13		13
77372 -Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based		1		1
Approved		1		1
77373 -Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions		1		1
Approved		1		1
77385 -Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple		9		9
Approved		9		9
77386 -Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex		24		24
Approved		24		24
77387 -Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed		29		29
Approved		29		29
77412 -Radiation treatment delivery, => 1 MeV; complex		11		11



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 77413 -RADIATION TREATMENT DELIVERY THREE OR MORE SEPARATE TREATMEN		11		11
		3		3
Approved 77414 -RADIATION TREATMENT DELIVERY THREE OR MORE SEPARATE TREATMEN		3		3
		2		2
Approved 77417 -Therapeutic radiology port image(s)		2		2
		26		26
Approved 77418 -INTENSITY MODULATED TREATMENT DELIVERY SINGLE OR MULTIPLE FI		26		26
		3		3
Approved 77421 -STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUM		3		3
		5		5
Approved 77427 -Radiation treatment management, 5 treatments		5		5
		54		54
Approved 77432 -Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)		54		54
		1		1
Approved 77435 -Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions		1		1
		1		1
Approved 77470 -Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)		1		1
		29		29
Approved 77771 -Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels		29		29
		1		1
Approved 77778 -Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed		1		1
		1		1
Approved 77786 -HDR BRACHYTX 2-12 CHANNEL		1		1
		2		2
Approved 77790 -Supervision, handling, loading of radiation source		2		2
		1		1
Approved 78018 -Thyroid carcinoma metastases imaging; whole body		1		1
		2		2
Approved 78072 -Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization		2		2
		1		1
Approved 78201 -Liver imaging; static only		1		1
		2		2
Approved 78215 -Liver and spleen imaging; static only		2		2
		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		1		1
78227 -Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed		1		1
Approved		1		1
78264 -Gastric emptying imaging study (eg, solid, liquid, or both);		1		1
Approved		1		1
78452 -Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);		7		7
Approved		7		7
78458 -Venous thrombosis imaging, venogram; bilateral		1		1
Approved		1		1
78472 -Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		2		2
Approved		2		2
78492 -Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress		11		11
Approved		11		11
78579 -Pulmonary ventilation imaging (eg, aerosol or gas)		1		1
Approved		1		1
78580 -Pulmonary perfusion imaging (eg, particulate)		1		1
Approved		1		1
78582 -Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging		3		3
Approved		3		3
78597 -Quantitative differential pulmonary perfusion, including imaging when performed		1		1
Approved		1		1
78598 -Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed		1		1
Approved		1		1
78608 -Brain imaging, positron emission tomography (PET); metabolic evaluation		1		1
Approved		1		1
78813 -Positron emission tomography (PET) imaging; whole body		1		1
Approved		1		1
78815 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh		112		112
Approved		112		112
78816 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		7		7
Approved		7		7



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
79005 -Radiopharmaceutical therapy, by oral administration		4		4
Approved		4		4
79445 -Radiopharmaceutical therapy, by intra-arterial particulate administration		1		1
Approved		1		1
80048 -Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)		3		3
Approved		3		3
80050 -General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and		2		2
Approved		2		2
80051 -Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)		2		2
Approved		2		2
80053 -Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Pot		8		8
Approved		8		8
80061 -Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)		8		8
Approved		8		8
80074 -Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)		1		1
Approved		1		1
80076 -Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate am		5		5
Approved		5		5
80100 -DRUG SCREEN; MULTIPLE DRUG CLASSES EACH PROCEDURE		1		1
Approved		1		1
80101 -DRUG SCREEN; SINGLE DRUG CLASS EACH DRUG CLASS		1		1
Approved		1		1
80307 -Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spect		4		4
Approved		4		4
80320 -Alcohols		5		5
Approved		5		5



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
80321 -Alcohol biomarkers; 1 or 2		1		1
Approved	1			1
80323 -Alkaloids, not otherwise specified		1		1
Approved	1			1
80418 -Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotrophic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth		1		1
Approved	1			1
81001 -Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy		10		10
Approved	10			10
81002 -Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy		1		1
Approved	1			1
81003 -Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy		3		3
Approved	3			3
81015 -Urinalysis; microscopic only		3		3
Approved	3			3
81120 -IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)		2		2
Approved	2			2
81121 -IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)		2		2
Approved	2			2
81162 -BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	26	1		27
Not Med Necessary		1		1
Approved	26			26
81163 -BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	2			2
Approved	2			2
81165 -BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1			1
Approved	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
81170 -ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain		1		1
Approved		1		1
81202 -APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants		2		2
Approved		2		2
81206 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative		2		2
Approved		2		2
81210 -BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)		2		2
Approved		2		2
81216 -BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		1		1
Approved		1		1
81218 -CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence		1		1
Approved		1		1
81220 -CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)		1		1
Approved		1		1
81223 -CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence		1		1
Approved		1		1
81235 -EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)		3		3
Approved		3		3
81240 -F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant		3		3
Approved		3		3
81241 -F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant		2		2
Approved		2		2
81243 -FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		1		1
Approved		1		1
81245 -FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)		2		2
Approved		2		2
81246 -FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		1		1
81256 -HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)		6		6
Approved		6		6
81265 -Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample])		1		1
Approved		1		1
81266 -Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition t		1		1
Approved		1		1
81267 -Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection		1		1
Approved		1		1
81268 -Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type		3		3
Approved		3		3
81270 -JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant		1		1
Approved		1		1
81272 -KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)		3		3
Approved		3		3
81275 -KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)		4		4
Approved		4		4
81276 -KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)		3		3
Approved		3		3
81292 -MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		7		7
Approved		7		7
81294 -MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		5		5
Approved		5		5
81295 -MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		7		7

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		7		7
81297 -MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		5		5
Approved		5		5
81298 -MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		7		7
Approved		7		7
81300 -MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		5		5
Approved		5		5
81301 -Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed		2		2
Approved		2		2
81309 -PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)		2		2
Approved		2		2
81310 -NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants		1		1
Approved		1		1
81311 -NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)		5		5
Approved		5		5
81317 -PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		4		4
Approved		4		4
81319 -PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		6		6
Approved		6		6
81321 -PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis		3		3
Approved		3		3
81371 -HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)		2		2
Approved		2		2
81372 -HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)		2		2
Approved		2		2
81374 -HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each		2		2
Approved		2		2
81377 -HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		2		2
81379 -HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)		1		1
Approved		1		1
81381 -HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each		2		2
Approved		2		2
81382 -HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each		1		1
Approved		1		1
81400 -Molecular Pathology Procedure Level 1		1		1
Approved		1		1
81403 -Molecular Pathology Procedure Level 4		3		3
Approved		3		3
81404 -Molecular Pathology Procedure Level 5		3		3
Approved		3		3
81405 -Molecular Pathology Procedure Level 6		2		2
Approved		2		2
81406 -Molecular Pathology Procedure Level 7		2		2
Approved		2		2
81408 -Molecular Pathology Procedure Level 9		2		2
Approved		2		2
81420 -Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21		1		1
Approved		1		1
81443 -Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, p		1		1
Approved		1		1
81450 -Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequenc		1		1
Approved		1		1
81455 -Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NR		2		2
Approved		2		2
81479 -Unlisted molecular pathology procedure		7		7
Approved		7		7
81519 -Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 81540 -Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tu		2		2
Approved 82040 -Albumin; serum, plasma or whole blood		1		1
Approved 82055 -ALCOHOL ETHANOL ANY SPECIMEN EXCEPT BREATH		1		1
Approved 82103 -Alpha-1-antitrypsin; total		2		2
Approved 82104 -Alpha-1-antitrypsin; phenotype		3		3
Approved 82105 -Alpha-fetoprotein (AFP); serum		3		3
Approved 82107 -Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)		6		6
Approved 82140 -Ammonia		1		1
Approved 82150 -Amylase		2		2
Approved 82232 -Beta-2 microglobulin		3		3
Approved 82247 -Bilirubin; total		2		2
Approved 82248 -Bilirubin; direct		1		1
Approved 82270 -Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)		2		2
Approved 82272 -Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening		1		1
Approved 82306 -Vitamin D; 25 hydroxy, includes fraction(s), if performed		1		1
Approved 82378 -Carcinoembryonic antigen (CEA)		2		2
Approved 82390 -Ceruloplasmin		3		3
Approved 82550 -Creatine kinase (CK), (CPK); total		2		2
		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 82553 -Creatine kinase (CK), (CPK); MB fraction only		1		1
Approved 82570 -Creatinine; other source		1		1
Approved 82575 -Creatinine; clearance		1		1
Approved 82607 -Cyanocobalamin (Vitamin B-12);		1		1
Approved 82608 -Cyanocobalamin (Vitamin B-12); unsaturated binding capacity		1		1
Approved 82652 -Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed		1		1
Approved 82728 -Ferritin		7		7
Approved 82746 -Folic acid; serum		7		7
Approved 82784 -Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each		1		1
Approved 82803 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);		4		4
Approved 82805 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry		11		11
Approved 82947 -Glucose; quantitative, blood (except reagent strip)		11		11
Approved 82950 -Glucose; post glucose dose (includes glucose)		8		8
Approved 82951 -Glucose; tolerance test (GTT), 3 specimens (includes glucose)		8		8
Approved 82962 -Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use		3		3
Approved 82977 -Glutamyltransferase, gamma (GGT)		3		3
Approved 83036 -Hemoglobin; glycosylated (A1C)		3		3
Approved 83516 -Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method		7		7
Approved 83540 -Iron		7		7
		2		2
		6		6



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 83550 -Iron binding capacity		6 7		6 7
Approved 83615 -Lactate dehydrogenase (LD), (LDH);		7 2		7 2
Approved 83690 -Lipase		2 1		2 1
Approved 83721 -Lipoprotein, direct measurement; LDL cholesterol		1 1		1 1
Approved 83735 -Magnesium		1 5		1 5
Approved 83883 -Nephelometry, each analyte not elsewhere specified		5 2		5 2
Approved 83887 -Nicotine		2 1		2 1
Approved 83893 -Molecular diagnostics dotslot blot production each nuclei		1 1		1 1
Approved 83898 -Molecular diagnostics amplification target each nucleic a		1 1		1 1
Approved 83970 -Parathormone (parathyroid hormone)		1 1		1 1
Approved 84134 -Prealbumin		1 1		1 1
Approved 84153 -Prostate specific antigen (PSA); total		1 2		1 2
Approved 84154 -Prostate specific antigen (PSA); free		2 1		2 1
Approved 84156 -Protein, total, except by refractometry; urine		1 3		1 3
Approved 84165 -Protein; electrophoretic fractionation and quantitation, serum		3 2		3 2
Approved 84166 -Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)		2 1		2 1
Approved 84436 -Thyroxine; total		1 2		1 2
Approved 84439 -Thyroxine; free		2 1		2 1
Approved 84443 -Thyroid stimulating hormone (TSH)		1 6		1 6
Approved		6		6



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
84446 -Tocopherol alpha (Vitamin E)		3		3
Approved		3		3
84479 -Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)		5		5
Approved		5		5
84512 -Troponin, qualitative		1		1
Approved		1		1
84550 -Uric acid; blood		1		1
Approved		1		1
84590 -Vitamin A		3		3
Approved		3		3
84630 -Zinc		2		2
Approved		2		2
84703 -Gonadotropin, chorionic (hCG); qualitative		3		3
Approved		3		3
85025 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count		8		8
Approved		8		8
85027 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)		3		3
Approved		3		3
85060 -Blood smear, peripheral, interpretation by physician with written report		1		1
Approved		1		1
85097 -Bone marrow, smear interpretation		2		2
Approved		2		2
85220 -Clotting; factor V (AcG or proaccelerin), labile factor		2		2
Approved		2		2
85597 -Phospholipid neutralization; platelet		1		1
Approved		1		1
85610 -Prothrombin time;		8		8
Approved		8		8
85611 -Prothrombin time; substitution, plasma fractions, each		1		1
Approved		1		1
85660 -Sickling of RBC, reduction		2		2
Approved		2		2
85705 -Thromboplastin inhibition, tissue		1		1
Approved		1		1
85730 -Thromboplastin time, partial (PTT); plasma or whole blood		3		3
Approved		3		3
86038 -Antinuclear antibodies (ANA);		2		2
Approved		2		2
86039 -Antinuclear antibodies (ANA); titer		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 86146 -Beta 2 Glycoprotein I antibody, each		1		1
Approved 86147 -Cardiolipin (phospholipid) antibody, each Ig class		1		1
Approved 86255 -Fluorescent noninfectious agent antibody; screen, each antibody		2		2
Approved 86256 -Fluorescent noninfectious agent antibody; titer, each antibody		2		2
Approved 86301 -Immunoassay for tumor antigen, quantitative; CA 19-9		2		2
Approved 86304 -Immunoassay for tumor antigen, quantitative; CA 125		3		3
Approved 86317 -Immunoassay for infectious agent antibody, quantitative, not otherwise specified		3		3
Approved 86334 -Immunofixation electrophoresis; serum		1		1
Approved 86335 -Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)		3		3
Approved 86376 -Microsomal antibodies (eg, thyroid or liver-kidney), each		2		2
Approved 86480 -Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon		2		2
Approved 86580 -Skin test; tuberculosis, intradermal		6		6
Approved 86592 -Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)		5		5
Approved 86593 -Syphilis test, non-treponemal antibody; quantitative		5		5
Approved 86644 -Antibody; cytomegalovirus (CMV)		4		4
Approved 86645 -Antibody; cytomegalovirus (CMV), IgM		9		9
Approved 86663 -Antibody; Epstein-Barr (EB) virus, early antigen (EA)		9		9
Approved 86664 -Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)		8		8
Approved 86665 -Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)		8		8
Approved 86689 -Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)		4		4
		8		8
		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 86694 -Antibody; herpes simplex, non-specific type test		1 2		1 2
Approved 86695 -Antibody; herpes simplex, type 1		2 6		2 6
Approved 86696 -Antibody; herpes simplex, type 2		6 4		6 4
Approved 86701 -Antibody; HIV-1		4 4		4 4
Approved 86702 -Antibody; HIV-2		4 3		4 3
Approved 86703 -Antibody; HIV-1 and HIV-2, single result		3 6		3 6
Approved 86704 -Hepatitis B core antibody (HBcAb); total		6 9		6 9
Approved 86705 -Hepatitis B core antibody (HBcAb); IgM antibody		9 2		9 2
Approved 86706 -Hepatitis B surface antibody (HBsAb)		2 5		2 5
Approved 86707 -Hepatitis Be antibody (HBeAb)		5 1		5 1
Approved 86708 -Hepatitis A antibody (HAAb)		1 4		1 4
Approved 86709 -Hepatitis A antibody (HAAb), IgM antibody		4 5		4 5
Approved 86735 -Antibody; mumps		5 1		5 1
Approved 86753 -Antibody; protozoa, not elsewhere specified		1 2		1 2
Approved 86762 -Antibody; rubella		2 6		2 6
Approved 86765 -Antibody; rubeola		6 3		6 3
Approved 86780 -Antibody; Treponema pallidum		3 5		3 5
Approved 86787 -Antibody; varicella-zoster		5 9		5 9
Approved 86788 -Antibody; West Nile virus, IgM		9 2		9 2
Approved 86789 -Antibody; West Nile virus		2 2		2 2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 86790 -Antibody; virus, not elsewhere specified	2	2		2
Approved 86803 -Hepatitis C antibody;	2	5		5
Approved 86807 -Serum screening for cytotoxic percent reactive antibody (PRA); standard method	5	1		5
Approved 86808 -Serum screening for cytotoxic percent reactive antibody (PRA); quick method	1	1		1
Approved 86812 -HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	1	1		1
Approved 86813 -HLA typing; A, B, or C, multiple antigens	1	4		4
Approved 86816 -HLA typing; DR/DQ, single antigen	4	1		4
Approved 86821 -HLA typing; lymphocyte culture, mixed (MLC)	1	1		1
Approved 86828 -Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	1	2		1
Approved 86832 -Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	2	1		2
Approved 86833 -Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	1	1		1
Approved 86850 -Antibody screen, RBC, each serum technique	1	3		1
Approved 86900 -Blood typing, serologic; ABO	3	12		3
Approved 86901 -Blood typing, serologic; Rh (D)	12	8		12
Approved 86903 -BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT US	8	1		8
Approved 87070 -Culture bacterial any other source except urine blood or	1	1		1
Approved 87181 -SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT AGAR DILUTION M	1	1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 87190 -SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT MYCOBACTERIA P		1		1
Approved 87273 -INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH		1		1
Approved 87274 -INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH		1		1
Approved 87340 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC		1		1
Approved 87341 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC		6		6
Approved 87350 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC		6		6
Approved 87380 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC		4		4
Approved 87389 -Infectious agent antigen detection by enzyme immunoassay tec		1		1
Approved 87497 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA CYT		1		1
Approved 87517 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA HEP		1		1
Approved 87522 -Infectious agent detection by nucleic acid DNA or RNA hep		1		1
Approved 87529 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA HER		10		10
Approved 87534 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA HIV		1		1
Approved 87635 -Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique		2		2
Approved 87799 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA NOT		2		2
Approved 87902 -Infectious agent genotype analysis by nucleic acid DNA or R		1		1
Approved 88108 -CYTOPATHOLOGY CONCENTRATION TECHNIQUE SMEARS AND INTERPRET		6		6
Approved 88143 -CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COL		1		1
Approved 88150 -CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; MANUAL SCREENING U		3		3
Approved		3		3
Approved		1		1
Approved		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
88184 -FLOW CYTOMETRY CELL SURFACE CYTOPLASMIC OR NUCLEAR MARKER		1		1
Approved		1		1
88237 -TISSUE CULTURE FOR NEOPLASTIC DISORDERS BONE MARROW BLOOD		2		2
Approved		2		2
88240 -CRYOPRESERVATION FREEZING AND STORAGE OF CELLS EACH CELL LIN		1		1
Approved		1		1
88264 -CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS		2		2
Approved		2		2
88271 -MOLECULAR CYTOGENETICS DNA PROBE EACH EG FISH		1		1
Approved		1		1
88275 -MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION ANA		1		1
Approved		1		1
88305 -LEVEL IV SURGICAL PATHOLOGY GROSS AND MICROSCOPIC EXAMINA		2		2
Approved		2		2
88311 -DECALCIFICATION PROCEDURE LIST SEPARATELY IN ADDITION TO CO		2		2
Approved		2		2
88313 -Special stain including interpretation and report Group II		2		2
Approved		2		2
88321 -CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHER		2		2
Approved		2		2
88325 -CONSULTATION COMPREHENSIVE WITH REVIEW OF RECORDS AND SPECIM		1		1
Approved		1		1
88341 -Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)		2		2
Approved		2		2
88342 -IMMUNOHISTOCHEMISTRY INCLUDING TISSUE IMMUNOPEROXIDASE EA		3		3
Approved		3		3
88360 -MORPHOMETRIC ANALYSIS TUMOR IMMUNOHISTOCHEMISTRY EG HER2		5		5
Approved		5		5
88364 -In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)		1		1
Approved		1		1
88365 -IN SITU HYBRIDIZATION EG FISH EACH PROBE		1		1
Approved		1		1
88381 -MICRODISSECTION MANUAL		1		1
Approved		1		1
90396 -Varicella-zoster immune globulin, human, for intramuscular use		1		1
Approved		1		1
90636 -Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use		1		1
Approved		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
90646 -HEMOPHILUS INFLUENZA B VACCINE (HIB) PRP-D CONJUGATE FOR BOO		1		1
Approved	1			1
90700 -Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use		1		1
Approved	1			1
90713 -Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use		1		1
Approved	1			1
90732 -Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use		1		1
Approved	1			1
90740 -Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use		1		1
Approved	1			1
90744 -Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use		1		1
Approved	1			1
90747 -Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use		1		1
Approved	1			1
90748 -Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use		1		1
Approved	1			1
90791 -Psychiatric diagnostic evaluation		3		3
Approved	3			3
90832 -Psychotherapy, 30 minutes with patient		1		1
Approved	1			1
90833 -Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)		1		1
Approved	1			1
90834 -Psychotherapy, 45 minutes with patient		2		2
Approved	2			2
90837 -Psychotherapy, 60 minutes with patient		1	1	2
Not a Covered Benefit			1	1
Approved	1			1
90847 -Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes		1		1
Approved	1			1
90853 -Group psychotherapy (other than of a multiple-family group)		1		1
Approved	1			1
90867 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management		3		3
Approved	3			3



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
90868 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session		3		3
Approved	3			3
90869 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management		2		2
Approved	2			2
90912 -Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient		1		1
Approved	1			1
91110 -Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report		9		9
Approved	9			9
91112 -Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report		1		1
Approved	1			1
91122 -Anorectal manometry		1		1
Approved	1			1
91200 -Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report		3		3
Approved	3			3
92002 -Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient		2		2
Approved	2			2
92004 -Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits		4		4
Approved	4			4
92012 -Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient		1		1
Approved	1			1
92014 -Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits		6		6
Approved	6			6
92071 -Fitting of contact lens for treatment of ocular surface disease		24		24
Approved	24			24
92083 -Visual field examination, unilateral or bilateral, with interpretation and report; extended examination		2		2
Approved	2			2
92134 -Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina		12		12



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		12		12
92136 -Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation		2		2
Approved		2		2
92201 -Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral		3		3
Approved		3		3
92202 -Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral		2		2
Approved		2		2
92226 -Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent		1		1
Approved		1		1
92235 -Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral		4		4
Approved		4		4
92250 -Fundus photography with interpretation and report		4		4
Approved		4		4
92504 -Binocular microscopy (separate diagnostic procedure)		1		1
Approved		1		1
92507 -Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		20		20
Approved		20		20
92508 -Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals		1		1
Approved		1		1
92522 -Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);		1		1
Approved		1		1
92523 -Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)		3		3
Approved		3		3
92526 -Treatment of swallowing dysfunction and/or oral function for feeding		3		3
Approved		3		3
92532 -Positional nystagmus test		1		1
Approved		1		1
92550 -Tympanometry and reflex threshold measurements		1		1
Approved		1		1
92552 -Pure tone audiometry (threshold); air only		3		3



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 92553 -Pure tone audiometry (threshold); air and bone		3		3
Approved 92555 -Speech audiometry threshold;		3		3
Approved 92557 -Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)		3		3
Approved 92567 -Tympanometry (impedance testing)		3		3
Approved 92579 -Visual reinforcement audiometry (VRA)		9		9
Approved 92582 -Conditioning play audiometry		2		2
Approved 92583 -Select picture audiometry		2		2
Approved 92585 -Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive		4		4
Approved 92585 -Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive		3		3
Approved 92587 -Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report		1		1
Approved 92587 -Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report		9		9
Approved 92610 -Evaluation of oral and pharyngeal swallowing function		9		9
Approved 92611 -Motion fluoroscopic evaluation of swallowing function by cine or video recording		2		2
Approved 92928 -Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch		3		3
Approved 92929 -Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		2		2
Approved 93000 -Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		2		2
Approved 93005 -Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report		1		1
Approved 93010 -Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only		1		1
Approved 93000 -Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		13		13
Approved 93005 -Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report		13		13
Approved 93010 -Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only		8		8
Approved 93010 -Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only		8		8
Approved 93010 -Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only		6		6



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		6		6
93015 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report		5		5
Approved		5		5
93017 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report		3		3
Approved		3		3
93041 -Rhythm ECG, 1-3 leads; tracing only without interpretation and report		1		1
Approved		1		1
93228 -External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events		2		2
Approved		2		2
93229 -External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events		2		2
Approved		2		2
93272 -External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring;		2		2
Approved		2		2
93296 -Interrogation device evaluation(s) (remote), up to 90 days;		3		3
Approved		3		3
93303 -Transthoracic echocardiography for congenital cardiac anomalies; complete		18		18
Approved		18		18
93304 -Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study		16		16
Approved		16		16
93306 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography		35		35
Approved		35		35
93307 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		17		17
Approved		17		17
93308 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study		2		2
Approved		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
93312 -Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report				
Approved	2			2
93317 -Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only				
Approved	1			1
93320 -Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete				
Approved	4			4
93321 -Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)				
Approved	2			2
93325 -Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)				
Approved	12			12
93350 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,				
Approved	5			5
93351 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,				
Approved	3			3
93451 -Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed				
Approved	6			6
93452 -Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed				
Approved	5			5
93453 -Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed				
Approved	9			9
93454 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;				
Approved	1			1
93455 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;				
Approved	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
93456 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization		1		1
Approved	1			1
93457 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;		1		1
Approved	1			1
93458 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;		6		6
Approved	6			6
93459 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;		1		1
Approved	1			1
93460 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;		1		1
Approved	1			1
93461 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;		1		1
Approved	1			1
93462 -Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)		2		2
Approved	2			2
93580 -Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant		1		1
Approved	1			1
93609 -Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)		2		2
Approved	2			2
93613 -Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)		5		5
Approved	5			5
93620 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;		1		1
Approved	1			1
93621 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;		3		3
Approved	3			3
93622 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;		3		3



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 93623 -Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	3	0	0	3
Approved 93650 -Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	7	0	0	7
Approved 93653 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n	1	0	0	1
Approved 93654 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n	3	0	0	3
Approved 93655 -Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia	1	0	0	1
Approved 93656 -Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when nec	4	0	0	4
Approved 93657 -Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	3	0	0	3
Approved 93662 -Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	1	0	0	1
Approved 93880 -Duplex scan of extracranial arteries; complete bilateral study	1	0	0	1
Approved 93923 -Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure	4	0	0	4
Approved 93924 -Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at	1	0	0	1
Approved	3	0	0	3



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
93925 -Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study		1		1
Approved		1		1
93975 -Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study		7		7
Approved		7		7
93976 -Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study		3		3
Approved		3		3
94010 -Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		6		6
Approved		6		6
94060 -Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		14		14
Approved		14		14
94070 -Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)		1		1
Approved		1		1
94375 -Respiratory flow volume loop		7		7
Approved		7		7
94617 -Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry		3		3
Approved		3		3
94618 -Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed		1		1
Approved		1		1
94620 -PULMONARY STRESS TESTING SIMPLE EG 6MINUTE WALK TEST PR		1		1
Approved		1		1
94621 -Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings		3		3
Approved		3		3
94664 -Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device		5		5
Approved		5		5
94726 -Plethysmography for determination of lung volumes and, when performed, airway resistance		5		5
Approved		5		5
94727 -Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes		2		2
Approved		2		2
94729 -Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)		7		7



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		7		7
94760 -Noninvasive ear or pulse oximetry for oxygen saturation; single determination		1		1
Approved		1		1
94799 -Unlisted pulmonary service or procedure		1		1
Approved		1		1
95004 -Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests		1		1
Approved		1		1
95070 -Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds		1		1
Approved		1		1
95700 -Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels		1		1
Approved		1		1
95715 -Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance		1		1
Approved		1		1
95720 -Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret		2		2
Approved		2		2
95782 -Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		1		1
Approved		1		1
95800 -Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		3		3
Approved		3		3
95805 -Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness		2		2
Approved		2		2
95806 -Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)		18		18
Approved		18		18
95807 -Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist		11		11
Approved		11		11
95808 -Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist		1		1
Approved		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
95810 -Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist				
Approved	164			164
95811 -Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist				
Approved	186			186
95816 -Electroencephalogram (EEG); including recording awake and drowsy				
Not a Covered Benefit	2		1	3
Approved			1	1
95861 -Needle electromyography; 2 extremities with or without related paraspinal areas				
Approved	2			2
95870 -Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters				
Approved	2			2
95872 -Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied				
Approved	1			1
95885 -Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)				
Approved	2			2
95886 -Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study;				
Approved	1			1
95887 -Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)				
Approved	2			2
95910 -Nerve conduction studies; 7-8 studies				
Approved	1			1
95912 -Nerve conduction studies; 11-12 studies				
Approved	1			1
95913 -Nerve conduction studies; 13 or more studies				
Approved	2			2
95930 -Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report				
Approved	1			1
95938 -Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs				
Approved	2			2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 95939 -Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs		2		2
		1		1
Approved 95941 -Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)		1		1
		3		3
Approved 95972 -Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostim		3		3
		1		1
Approved 95992 -Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day		1		1
		6		6
Approved 96116 -Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professio		6		6
		1		1
Approved 96118 -Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time int		1		1
		1		1
Approved 96130 -Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and repo		1		1
		1		1
Approved 96131 -Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and repo		1		1
		1		1
Approved 96132 -Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and		1		1
		1		1
Approved 96133 -Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and		1		1
		1		1
Approved 96136 -Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes		1		1
		2		2
Approved		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
96137 -Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)				
Approved	2			2
96360 -Intravenous infusion, hydration; initial, 31 minutes to 1 hour				
Approved	2			2
96361 -Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)				
Approved	2			2
96365 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour				
Approved	33			33
96366 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)				
Approved	14			14
96367 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)				
Approved	22			22
96368 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)				
Approved	2			2
96372 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular				
Approved	13			13
96373 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial				
Approved	1			1
96374 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug				
Approved	4			4
96375 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)				
Approved	10			10
96377 -Application of on-body injector (includes cannula insertion) for timed subcutaneous injection				
Approved	1			1
96401 -Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic				
Approved	11			11
96402 -Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic				
Approved	4			4



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
96409 -Chemotherapy administration; intravenous, push technique, single or initial substance/drug		1		1
Approved	1			1
96411 -Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		4		4
Approved	4			4
96413 -Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug		46		46
Approved	46			46
96415 -Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)		24		24
Approved	24			24
96416 -Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump		13		13
Approved	13			13
96417 -Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)		12		12
Approved	12			12
96420 -Chemotherapy administration, intra-arterial; push technique		2		2
Approved	2			2
96450 -Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture		2		2
Approved	2			2
96523 -Irrigation of implanted venous access device for drug delivery systems		3		3
Approved	3			3
97010 -Application of a modality to 1 or more areas; hot or cold packs		60		60
Approved	60			60
97012 -Application of a modality to 1 or more areas; traction, mechanical		92		92
Approved	92			92
97014 -APPLICATION OF A MODALITY TO 1 OR MORE AREAS ELECTRICAL STI		163		163
Approved	163			163
97016 -Application of a modality to 1 or more areas; vasopneumatic devices		142		142
Approved	142			142
97018 -Application of a modality to 1 or more areas; paraffin bath		8		8
Approved	8			8
97022 -Application of a modality to 1 or more areas; whirlpool		7		7
Approved	7			7
97024 -Application of a modality to 1 or more areas; diathermy (eg, microwave)		3		3
Approved	3			3
97026 -Application of a modality to 1 or more areas; infrared		2		2
Approved	2			2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
97032 -Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	45			45
Approved	45			45
97033 -Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	2			2
Approved	2			2
97035 -Application of a modality to 1 or more areas; ultrasound, each 15 minutes	196			196
Approved	196			196
97110 -Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	749	2		751
Not a Covered Benefit		1		1
Not Med Necessary		1		1
Approved	749			749
97112 -Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	404			404
Approved	404			404
97113 -Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	143			143
Approved	143			143
97116 -Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	119			119
Approved	119			119
97124 -Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	12			12
Approved	12			12
97129 -Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or sch	5			5
Approved	5			5
97130 -Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or sch	3			3
Approved	3			3
97140 -Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	594	1		595
Not a Covered Benefit		1		1
Approved	594			594
97150 -Therapeutic procedure(s), group (2 or more individuals)	46			46
Approved	46			46
97151 -Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) ad	2			2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		2		2
97153 -Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes		4		4
Approved		4		4
97154 -Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes		2		2
Approved		2		2
97155 -Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes		4		4
Approved		4		4
97156 -Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes		5		5
Approved		5		5
97161 -Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements f		13	1	14
Not a Covered Benefit			1	1
Approved		13		13
97162 -Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in		27	1	28
Not a Covered Benefit			1	1
Approved		27		27
97163 -Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures		9	1	10
Not a Covered Benefit			1	1
Approved		9		9
97164 -Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment i		348		348
Approved		348		348
97165 -Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An		1		1
Approved		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
97167 -Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psych				
Approved	1			1
97168 -Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in con				
Approved	10			10
97169 -Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing				
Approved	1			1
97530 -Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes				
Not a Covered Benefit			1	1
Approved	458			458
97532 -Development of cognitive skills to improve attention memory				
Approved	2			2
97535 -Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes				
Approved	42			42
97537 -Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment),				
Approved	1			1
97542 -Wheelchair management (eg, assessment, fitting, training), each 15 minutes				
Approved	3			3
97597 -Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound				
Not a Covered Benefit			1	1
Approved	6			6
97598 -Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound				
Not a Covered Benefit			1	1
Approved	4			4



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
97602 -Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per sess		1		1
Approved	1			1
97750 -Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes		5		5
Approved	5			5
97760 -Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes		9		9
Approved	9			9
97762 -CHECKOUT FOR ORTHOTICPROSTHETIC USE ESTABLISHED PATIENT E		1		1
Approved	1			1
97763 -Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes		2		2
Approved	2			2
97802 -Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes		1		1
Approved	1			1
98940 -Chiropractic manipulative treatment (CMT); spinal, 1-2 regions		43		43
Approved	43			43
98941 -Chiropractic manipulative treatment (CMT); spinal, 3-4 regions		125		125
Approved	125			125
98942 -Chiropractic manipulative treatment (CMT); spinal, 5 regions		8		8
Approved	8			8
98943 -Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions		53		53
Approved	53			53
98972 -Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes		7		7
Approved	7			7
99024 -Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure		1		1
Approved	1			1
99152 -Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports,		4		4
Approved	4			4
99153 -Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports,		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
99213 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low	216	3	1	220
Not a Covered Benefit		3	1	4
Approved	216			216
99214 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/o	97	3	1	101
Not a Covered Benefit		2	1	3
Not Med Necessary		1		1
Approved	97			97
99215 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling	67	2	1	70
Not a Covered Benefit		2	1	3
Approved	67			67
99218 -Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or	1			1
Approved	1			1
99241 -Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physician	3			3
Approved	3			3
99242 -Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care	3			3
Approved	3			3
99243 -Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qua	42			42
Approved	42			42
99244 -Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physic	70	4		74
Not a Covered Benefit		4		4
Approved	70			70
99245 -Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians	8			8



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved 99325 -Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseli	8			8
Approved 99381 -Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	1			1
Approved 99387 -Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	2			2
Approved 99397 -Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	1			1
Approved 99499 -Unlisted evaluation and management service	3			3
Approved 99601 -Home Infusion Therapy Pharmacy/specialty drug administration, per visit (up to 2 hours);	20			20
Approved 99601 -Home infusion/specialty drug administration, per visit (up to 2 hours);	3			3
Approved 99601 -Home infusion/specialty drug administration, per visit (up to 2 hours);	5			5
Approved 99602 -Home Infusion Therapy Pharmacy/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	5			5
Approved 99602 -Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	2			2
Approved A0382 -BLS routine disposable supplies	5			5
Approved A0382 -BLS routine disposable supplies	1			1
Approved A0394 -ALS specialized service disposable supplies; IV drug therapy	1			1
Approved A0394 -ALS specialized service disposable supplies; IV drug therapy	1			1
Approved A0398 -ALS routine disposable supplies	1			1
Approved A0398 -ALS routine disposable supplies	1			1
Approved A0422 -Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	1			1
Approved A0422 -Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	1			1
Approved A0425 -Ground mileage, per statute mile	1			1
Approved A0425 -Ground mileage, per statute mile	1			1
Approved A0428 -Ambulance service, basic life support, nonemergency transport, (BLS)	1			1
Approved A0428 -Ambulance service, basic life support, nonemergency transport, (BLS)	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		1		1
A0431 -Ambulance service, conventional air services, transport, one way (rotary wing)		1		1
Approved		1		1
A0436 -Rotary wing air mileage, per statute mile		1		1
Approved		1		1
A4216 -Sterile water, saline and/or dextrose, diluent/flush, 10 ml		4		4
Approved		4		4
A4220 -Refill kit for implantable infusion pump		1		1
Approved		1		1
A4221 -Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)		15		15
Approved		15		15
A4222 -Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)		16		16
Approved		16		16
A4223 -Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)		5		5
Approved		5		5
A4224 -Supplies for maintenance of insulin infusion catheter, per week		2		2
Approved		2		2
A4230 -Infusion set for external insulin pump, nonneedle cannula type		2		2
Approved		2		2
A4232 -Syringe with needle for external insulin pump, sterile, 3 cc		1		1
Approved		1		1
A4305 -Disposable drug delivery system, flow rate of 50 ml or greater per hour		10		10
Approved		10		10
A4352 -Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each		1		1
Approved		1		1
A4353 -Intermittent urinary catheter, with insertion supplies		3		3
Approved		3		3
A4556 -Electrodes (e.g., apnea monitor), per pair		1		1
Approved		1		1
A4595 -Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)		1		1
Approved		1		1
A4604 -Tubing with integrated heating element for use with positive airway pressure device		2		2
Approved		2		2
A4617 -Mouthpiece		1		1
Approved		1		1
A6021 -Collagen dressing, sterile, size 16 sq in or less, each		1		1
Approved		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
A6550 -Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories				15
Approved	15			15
A7000 -Canister, disposable, used with suction pump, each				15
Approved	15			15
A7030 -Full face mask used with positive airway pressure device, each				2
Approved	2			2
A7031 -Face mask interface, replacement for full face mask, each				2
Approved	2			2
A7032 -Cushion for use on nasal mask interface, replacement only, each				1
Approved	1			1
A7034 -Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap				1
Approved	1			1
A7035 -Headgear used with positive airway pressure device				3
Approved	3			3
A7037 -Tubing used with positive airway pressure device				1
Approved	1			1
A7038 -Filter, disposable, used with positive airway pressure device				1
Approved	1			1
A7039 -Filter, nondisposable, used with positive airway pressure device				1
Approved	1			1
A7046 -Water chamber for humidifier, used with positive airway pressure device, replacement, each				1
Approved	1			1
A9274 -External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories				1
Approved	1			1
A9276 -Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply				4
Approved	4			4
A9277 -Transmitter; external, for use with interstitial continuous glucose monitoring system				6
Approved	6			6
A9279 -Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified				1
Approved	1			1
A9502 -Technetium Tc-99m tetrofosmin, diagnostic, per study dose				2
Approved	2			2
A9505 -Thallium Tl-201 thallos chloride, diagnostic, per mCi				1
Approved	1			1
A9540 -Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi				2
				2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved A9552 -Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi	2			2
Approved A9567 -Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	23			23
Approved A9900 -Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	1			1
Approved A9901 -DME delivery, set up, and/or dispensing service component of another HCPCS code	1			1
Approved B4034 -Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	1			1
Approved B4035 -Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	3			3
Approved B4036 -Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	1			1
Approved B4149 -Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	3			3
Approved B4152 -Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 ca	1			1
Approved B4154 -Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral fee	5			5
Approved B4155 -Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through	1			1
Approved B4185 -Parenteral nutrition solution, not otherwise specified, 10 g lipids	2			2
Approved B9002 -Enteral nutrition infusion pump, any type	1			1
Approved B9998 -NOC for enteral supplies	1			1
Approved	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
C1730 -Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)		1		1
Approved		1		1
C1733 -Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip		1		1
Approved		1		1
C1766 -Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away		1		1
Approved		1		1
C2616 -Brachytherapy source, nonstranded, yttrium-90, per source		1		1
Approved		1		1
C5271 -Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area		1		1
Approved		1		1
C5275 -Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area		1		1
Approved		1		1
C9600 -Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch		2		2
Approved		2		2
Chemotherapy		8		8
Approved		8		8
D9239 -Intravenous moderate (conscious) sedation/ analgesia – first 15 minutes		1		1
Approved		1		1
D9243 -Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment		1		1
Approved		1		1
E0143 -WALKER FOLD WHEELED ADJUSTBL/FIX HT		1		1
Approved		1		1
E0163 -COMMODE CHAIR WITH FIXED ARMS		1		1
Approved		1		1
E0260 -HOS BED SEMI-ELEC W/RAIL W/MATTRSS		1		1
Approved		1		1
E0431 -PRTBLE GASEOUS O2 SYS RENTAL;		32		32
Approved		32		32
E0443 -PORTBL O2 CONTENT GAS 1 MO SPL= 1 U		6		6
Approved		6		6
E0464 -PSV W/VOL CNTRL NONINVASV INTERFACE		1		1
Approved		1		1
E0465 -Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)		2		2
Approved		2		2
E0466 -Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)		7		7



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		7		7
E0470 -Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		1		1
Approved		1		1
E0471 -Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		1		1
Approved		1		1
E0486 -ORL DEVC/APPL RDUC UA COLLAPS CSTM		1		1
Approved		1		1
E0562 -HUMDIFIR HEAT USED W/POS ARWAY PRSS		5		5
Approved		5		5
E0570 -NEBULIZER WITH COMPRESSOR		1		1
Approved		1		1
E0600 -RESP SUCTN PUMP HOME MODEL ELEC		2		2
Approved		2		2
E0601 -CONTINUOUS AIRWAY PRESSURE DEVICE		4		4
Approved		4		4
E0652 -PNEUMAT COMPRS W/CALBRT GRADNT PRSS		7		7
Approved		7		7
E0667 -SEG PNEUMAT APPLINC COMPRS FULL LEG		4		4
Approved		4		4
E0668 -SEG PNEUMAT APPLINC COMPRS FULL ARM		2		2
Approved		2		2
E0669 -SEG PNEUMAT APPLINC COMPRS HALF LEG		1		1
Approved		1		1
E0747 -OSTOGNS STIM NONINVASV NOT SP APPLC		2		2
Approved		2		2
E0748 -OSTOGNS STIM NONINVASV SP APPLIC		11		11
Approved		11		11
E0760 -OSTOGNS STIM LW INTENS US NONINVASV		8		8
Approved		8		8
E0766 -Electrical stimulation device used for cancer treatment, includes all accessories, any type		1		1
Approved		1		1
E0770 -FES TRANSQ STIM NERV&/MUSC CMPL NOS		1		1
Approved		1		1
E0776 -IV POLE		5		5
Approved		5		5
E0781 -AMB INFUS PUMP 1/MX CHANNL W/ADMIN		16		16



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved		16		16
E0784 -EXTERNAL AMB INFUSION PUMP INSULIN		7		7
Approved		7		7
E0971 -Manual wheelchair accessory, antitipping device, each		1		1
Approved		1		1
E0973 -WC ACCSS ADJ HT DTACH ARMST EA		1		1
Approved		1		1
E0978 -Wheelchair accessory, positioning belt/safety belt/pelvic strap, each		1		1
Approved		1		1
E0986 -Manual wheelchair accessory, push-rim activated power assist system		1		1
Approved		1		1
E1390 -O2 CONC 85%/>02 CONC PRSC FLW RATE		44		44
Approved		44		44
E1392 -PORTABLE OXYGEN CONCENTRATOR RENTAL		3		3
Approved		3		3
E1399 -DME MISCELLANEOUS		2		2
Approved		2		2
E2205 -MNL WC HANDRIM W/O PROJ REPL EACH		1		1
Approved		1		1
E2206 -MNL WC ACSS WHL LOCK ASSMBL CMPL EA		1		1
Approved		1		1
E2211 -MNL WC ACCESS PNEUMAT PROPULSN TIRE		1		1
Approved		1		1
E2219 -MNL WC ACSS FOAM CASTER TIRE ANY SZ		1		1
Approved		1		1
E2224 -MNL WC PROPULSION WHL EXCLD TIRE		1		1
Approved		1		1
E2225 -MNL WC CASTR WHL EXCLD TIRE REPL		1		1
Approved		1		1
E2402 -Negative pressure wound therapy electrical pump, stationary or portable		15		15
Approved		15		15
E2619 -REPL COVER WC SEAT/BACK CUSHN EA		1		1
Approved		1		1
E2620 -PSTN WC BACK CUSHN PLANAR WD <22 IN		1		1
Approved		1		1
E2624 -SKIN PROTCT&POSITION WC CUSH WD <22		1		1
Approved		1		1
G0202 -Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed. To report, see 77067		2		2
Approved		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
G0233 -PET WHBD MELANOMA; GAMMA CAM		1		1
Approved		1		1
G0248 -Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes:		5		5
Approved		5		5
G0249 -Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria;		7		7
Approved		7		7
G0283 -Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care		284		284
Approved		284		284
G0399 -Home sleep test (HST) with type III portable monitor, unattended;		7		7
Approved		7		7
G0463 -Hospital outpatient clinic visit for assessment and management of a patient		1		1
Approved		1		1
G0480 -Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/		4		4
Approved		4		4
G2066 -Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and te		3		3
Approved		3		3
G6002 -Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy		10		10
Approved		10		10
G6012 -Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev		11		11
Approved		11		11
G6013 -Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev		21		21
Approved		21		21
G6014 -Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater		2		2
Approved		2		2
G6015 -Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session		19		19
Approved		19		19



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
G6017 -Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment				
	2			2
Approved	2			2
H0012 -ALCOHL&/RX SRVC; SUB-AC DTOX RES OP	1			1
Approved	1			1
H0035 -MENTAL HEALTH PART HOSP TX < 24 HR	1	1		2
Not a Covered Benefit		1		1
Approved	1			1
H2035 -ALCOHOL &OR OTH DRUG TX PROG-M-HOUR	1	1		2
Not a Covered Benefit		1		1
Approved	1			1
Home Health	15			15
Approved	15			15
Hospice	26			26
Approved	26			26
Hospice - Inpatient	7			7
Approved	7			7
Hospital Inpatient Rehabilitation	45	5		50
Not Med Necessary		5		5
Approved	45			45
Hospital Inpatient Residential Mental/Nervous	38			38
Approved	38			38
Hospital Inpatient Services	254	2		256
Not Med Necessary		2		2
Approved	254			254
Hospital Inpatient Substance Abuse Detox	11			11
Approved	11			11
Hospital Outpatient Observation	36			36
Approved	36			36
Hospital Outpatient Surgery	1			1
Approved	1			1
Hospital Partial Hospitalization	5			5
Approved	5			5
Inpatient - Mental Health	8	2		10
Not a Covered Benefit		1		1
Not Med Necessary		1		1
Approved	8			8
Inpatient Alcohol and Substance Abuse Treatment	5		1	6
Not a Covered Benefit			1	1
Approved	5			5



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Inpatient Psychiatric Facility		3		3
Approved	3			3
Inpatient Skilled Nursing	27	1		28
Not Med Necessary			1	1
Approved	27			27
J0129 -INJ ABATACEPT 10 MG MEDICR ADM PHYS	5			5
Approved	5			5
J0131 -INJECTION ACETAMINOPHEN 10 MG	1			1
Approved	1			1
J0135 -INJECTION ADALIMUMAB 20 MG	1			1
Approved	1			1
J0171 -INJ ADRENALIN EPINEPHRINE 0.1 MG	27			27
Approved	27			27
J0178 -INJECTION AFLIBERCEPT 1 MG	8			8
Approved	8			8
J0180 -INJECTION AGALSIDASE BETA 1 MG	2			2
Approved	2			2
J0185 -Injection, aprepitant, 1 mg	13			13
Approved	13			13
J0289 -INJ AMPHOTERICIN B LIPOSOME 10 MG	2			2
Approved	2			2
J0460 -INJ ATROPINE SULFATE UP 0.3 MG	1			1
Approved	1			1
J0461 -INJECTION ATROPINE SULFATE 0.01 MG	5			5
Approved	5			5
J0475 -INJECTION BACLOFEN 10 MG	1			1
Approved	1			1
J0517 -Injection, benralizumab, 1 mg	3			3
Approved	3			3
J0585 -Injection, onabotulinumtoxinA, 1 unit	33	1		34
Not a Covered Benefit			1	1
Approved	33			33
J0588 -INJECTION INCOBOTULINUMTOXIN 1 UNIT	1			1
Approved	1			1
J0640 -INJ LEUCOVORIN CALCIUM PER 50 MG	29			29
Approved	29			29
J0641 -INJ LEVOLEUCOVORIN CALCIUM 0.5 MG	4			4
Approved	4			4
J0690 -INJECTION CEFAZOLIN SODIUM 500 MG	1			1
Approved	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
J0696 -Injection, ceftriaxone sodium, per 250 mg		1		1
Approved	1			1
J0717 -Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)		3		3
Approved	3			3
J0780 -INJ PROCHLORPERAZINE TO 10 MG		2		2
Approved	2			2
J0834 -INJECTION COSYNTROPIN 0.25 MG		1		1
Approved	1			1
J0878 -INJECTION DAPTOMYCIN 1 MG		1		1
Approved	1			1
J0881 -INJ DARBEPOETIN ALFA 1 MCG NON-ESRD		1		1
Approved	1			1
J0885 -INJ EPOETIN ALFA NON-ESRD 1000 UNIT		5		5
Approved	5			5
J0897 -INJECTION DENOSUMAB 1 MG	59	4		63
Not Med Necessary		4		4
Approved	59			59
J1071 -Injection, testosterone cypionate, 1 mg		2		2
Approved	2			2
J1100 -INJ DEXMETHOSON SODIM PHOSATE 1 MG		55		55
Approved	55			55
J1190 -INJ DEXRAZOXANE HCL PER 250 MG		1		1
Approved	1			1
J1200 -INJ DIPHENHYDRAMINE HCL TO 50 MG		50		50
Approved	50			50
J1335 -INJECTION ERTAPENEM SODIUM 500 MG		1		1
Approved	1			1
J1439 -Injection, ferric carboxymaltose, 1 mg		3		3
Approved	3			3
J1453 -INJECTION FOSAPREPITANT 1 MG		20		20
Approved	20			20
J1454 -Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	26	1		27
Not Med Necessary		1		1
Approved	26			26
J1459 -INJ IG IV NONLYOPHILIZED 500 MG		7		7
Approved	7			7
J1557 -INJ IG IV NONLYOPHILIZED 500 MG		1		1
Approved	1			1
J1559 -INJECTION IG HIZENTRA 100 MG		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved J1561 -INJ IG NONLYOPHILIZED 500 MG		2		2
		4		4
Approved J1568 -INJ IG OCTOGAM IV NONLYO 500MG		4		4
		4		4
Approved J1580 -INJ GARAMYCIN GENTAMICIN UP 80 MG		4		4
		1		1
Approved J1599 -INJ IG IV NONLYOPHILIZED NOS 500 MG		1		1
		5		5
Approved J1602 -Injection, golimumab, 1 mg, for intravenous use		5		5
		4		4
Approved J1626 -INJ GRANISETRN HYDROCHLORID 100 MCG		4		4
		11		11
Approved J1642 -INJECTION HEPARIN SODIUM 10 UNITS		11		11
		7		7
Approved J1644 -INJ HEPARIN SODIUM PER 1000 UNITS		7		7
		1		1
Approved J1700 -INJ HYDROCORTISONE ACTAT TO 25 MG		1		1
		1		1
Approved J1720 -INJ HYDROCORTSON SOD SUCC TO 100 MG		1		1
		32		32
Approved J1726 -Injection, hydroxyprogesterone caproate, (Makena), 10 mg		32		32
		1		1
Approved J1745 -INJECTION INFLIXIMAB 10 MG		1		1
		16		16
Approved J1756 -INJECTION IRON SUCROSE 1 MG		16		16
		11		11
Approved J1950 -INJ LEUPROLIDE ACETATE PER 3.75 MG		11		11
		1		1
Approved J2060 -INJECTION LORAZEPAM 2 MG		1		1
		3		3
Approved J2185 -INJECTION MEROPENEM 100 MG		3		3
		6		6
Approved J2260 -INJECTION MILRINONE LACTATE 5 MG		6		6
		1		1
Approved J2274 -Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg		1		1
		2		2
Approved J2350 -Injection, ocrelizumab, 1 mg		2		2
		1		1
Approved J2353 -INJ OCTREOTIDE DEPOT FORM IM 1MG		1		1
		3		3



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved J2405 -INJECTION ONDANSETRON HCL PER 1 MG	30	3		33
Approved J2469 -INJECTION PALONOSETRON HCL 25 MCG	41	30		71
Approved J2505 -INJECTION PEGFILGRASTIM 6 MG	13	41		54
Approved J2543 -INJ PIP SOD/TZ SOD 1 G/0.125 G	1	13		14
Approved J2700 -INJ OXACILLIN SODIUM TO 250 MG	1	1		2
Approved J2778 -INJECTION RANIBIZUMAB 0.1 MG	4	1		5
Approved J2785 -INJECTION REGADENOSON 0.1 MG	1	4		5
Approved J2790 -INJ RHO D IG HUMN FULL DOSE 300 MCG	1	1		2
Approved J2920 -INJ METHYLPRDNISOLON SODIM TO 40 MG	4	1		5
Approved J2930 -INJ METHYLPRDNISLN SODIM TO 125 MG	35	4		39
Approved J3111 -Injection, romosozumab-aqqg, 1 mg	35		1	36
Lack of Clinical J3370 -Injection, vancomycin HCl, 500 mg	10		1	11
Approved J3380 -Injection, vedolizumab, 1 mg	4	10		14
Approved J3475 -INJ MAGNESIUM SULFATE PER 500 MG	2	4		6
Approved J3489 -Injection, zoledronic acid, 1 mg	33	2		35
Approved J3490 -UNCLASSIFIED DRUGS	11	33		44
Approved J7030 -INFUS NORMAL SALINE SOL 1000 CC	6	11		17
Approved J7040 -INFUS NORMAL SALINE SOL STERILE	2	6		8
Approved J7042 -5% DEXTROSE/NORMAL SALINE	1	2		3
Approved J7050 -INFUS NORMAL SALINE SOLUTION 250 CC	3	1		4



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved J7326 -HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS	3 1			3 1
Approved J7401 -Mometasone furoate sinus implant, 10 mcg	1 1			1 1
Approved J7512 -Prednisone, immediate release or delayed release, oral, 1 mg	1 1			1 1
Approved J7999 -Compounded drug, not otherwise classified	1 2			1 2
Approved J9000 -INJECTION DOXORUBICIN HCL 10 MG	2 7			2 7
Approved J9022 -Injection, atezolizumab, 10 mg	7 3			7 4
Not Med Necessary			1	1
Approved J9025 -INJECTION AZACITIDINE 1 MG	3 4			3 4
Approved J9034 -Injection, bendamustine HCl (Bendeka), 1 mg	4 4			4 4
Approved J9035 -INJECTION BEVACIZUMAB 10 MG	4 36			4 36
Approved J9040 -INJECTION BLEOMYCIN SULFATE 15 UNIT	36 1			36 1
Approved J9041 -INJECTION BORTEZOMIB 0.1 MG	1 3			1 3
Approved J9045 -INJECTION CARBOPLATIN 50 MG	3 29			3 30
Not Med Necessary			1	1
Approved J9047 -Injection, carfilzomib, 1 mg	29 2			29 2
Approved J9055 -INJECTION CETUXIMAB 10 MG	2 2			2 2
Approved J9060 -INJ CISPLATIN POWDER/SOLUTION 10 MG	2 10			2 10
Approved J9065 -INJECTION CLADRIBINE PER 1 MG	10 1			10 1
Approved J9070 -CYCLOPHOSPHAMIDE 100 MG	1 7			1 7
Approved J9100 -INJECTION CYTARABINE 100 MG	7 2			7 2
Approved J9145 -Injection, daratumumab, 10 mg	2 1			2 1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved J9171 -INJECTION DOCETAXEL 1 MG		1		1
	6			6
Approved J9173 -Injection, durvalumab, 10 mg		6		6
	1			1
Approved J9178 -INJECTION EPIRUBICIN HCL 2 MG		1		1
	1			1
Approved J9181 -INJECTION ETOPOSIDE 10 MG		1		1
	6	1		7
Not Med Necessary			1	1
Approved J9185 -INJ FLUDARABINE PHOSPHATE 50 MG		6		6
	1			1
Approved J9190 -INJECTION FLUOROURACIL 500 MG		1		1
	42			42
Approved J9201 -INJECTION GEMCITABINE HCL 200 MG		42		42
	5			5
Approved J9203 -Injection, gemtuzumab ozogamicin, 0.1 mg		5		5
	1			1
Approved J9206 -INJECTION IRINOTECAN 20 MG		1		1
	15			15
Approved J9217 -LEUPROLIDE ACETATE 7.5 MG		15		15
	8			8
Approved J9229 -Injection, inotuzumab ozogamicin, 0.1 mg		8		8
	2			2
Approved J9260 -METHOTREXATE SODIUM 50 MG		2		2
	1			1
Approved J9263 -INJECTION OXALIPLATIN 0.5 MG		1		1
	26			26
Approved J9264 -INJ PACLITAXEL PROTBND PARTICL 1 MG		26		26
	4			4
Approved J9267 -Injection, paclitaxel, 1 mg		4		4
	24			24
Approved J9271 -Injection, pembrolizumab, 1 mg		24		24
	11			11
Approved J9299 -Injection, nivolumab, 1 mg		11		11
	9			9
Approved J9303 -INJECTION PANITUMUMAB 10 MG		9		9
	2			2
Approved J9305 -INJECTION PEMETREXED 10 MG		2		2
	3			3
Approved		3		3



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
J9306 -Injection, pertuzumab, 1 mg		3		3
Approved		3		3
J9312 -Injection, rituximab, 10 mg		6		6
Approved		6		6
J9355 -INJECTION TRASTUZUMAB 10 MG		3		3
Approved		3		3
J9370 -VINCRIStINE SULFATE 1 MG		4		4
Approved		4		4
J9395 -INJECTION FULVESTRANT 25 MG		3		3
Approved		3		3
J9999 -NOT OTHWISe CLASS ANTINEOPLSTC DRUG		1		1
Approved		1		1
K0005 -Ultralightweight wheelchair		1		1
Approved		1		1
K0038 -Leg strap, each		1		1
Approved		1		1
K0065 -SPOKE PROTECTORS EACH		1		1
Approved		1		1
K0108 -Wheelchair component or accessory, not otherwise specified		1		1
Approved		1		1
K0553 -Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service		1		1
Approved		1		1
K0606 -AED W/INTGR ECG ANALY GARMNT TYPE		7		7
Approved		7		7
K0738 -PORT GASEOUS O2 SYS RNTL;HOM COMPRS		4		4
Approved		4		4
L0180 -CERV MX POST COLLR SUPPS ADJ		4		4
Approved		4		4
L0456 -TLSO FLEX TRNK SC TO SCAP SPN PRFAB		1		1
Approved		1		1
L0464 -TLSO TRIPLANR 4 SHELL ANT-STERNL		1		1
Approved		1		1
L0627 -LUMB ORTHOT RIGD A&P PANL PREFAB		1		1
Approved		1		1
L0637 -LSO RIGD ANT&POST FRME/PANL PREFAB		2		2
Approved		2		2
L0650 -LSO SAGIT-CORNL CNTRL ANT PST PANL		13		13
Approved		13		13
L1832 -KO ADJ UNICNT/POLYCNT RIGD PREFAB		2		2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved L1833 -Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf		2		2
Approved L1843 -KNEE ORTHOS 1 UPRT THI&CALF PREFAB		1		1
Approved L1845 -KO DBL UPRT UNICNT/POLYCNT PREFAB		4		4
Approved L1851 -Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension j		3		3
Approved L1932 -AFO RIGD ANT TIBL CARB FIBR/= PRFAB		1		1
Approved L1951 -ANK FT ORTHOT SPIRAL PLSTC/OTH MATL		2		2
Approved L1960 -AFO POST SOLID ANK PLSTC CSTM FAB		4		4
Approved L1970 -AFO PLASTIC W/ANK JOINT CUSTOM FAB		1		1
Approved L2210 -ADD LOW EXTREM DORSIFLX ASST EA JNT		1		1
Approved L2275 -ADD LW EXT VARUS/VULGUS CORR PLSTC		1		1
Approved L2820 -ADD LW EXT SFT INTERFCE BELW KNEE		2		2
Approved L3761 -Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf		3		3
Approved L3808 -WHF ORTHOTIC RIGID NO JNT; CUSTOM		1		1
Approved L3960 -Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment		1		1
Approved L5301 -BK MOLD SCKT SHIN SACH FT ENDO SYS		3		3
Approved L5321 -AK OPEN END SACH FT ENDO SYS 1 AXIS		3		3
Approved L5540 -PREP BK PTB LAMINATED SCKT MOLD MDL		1		1
Approved L5620 -ADD LOW EXTREM TEST SOCKT BELW KNEE		1		1
Approved L5624 -ADD LOW EXTREM TEST SOCKT ABVE KNEE		4		4
		4		4
		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved L5629 -ADD LW EXTRM BELW KNEE ACRYLC SOCKT		1		1
		3		3
Approved L5631 -ADD LW EXT ABVE KNEE/DISARTC ACRYLC		3		3
		1		1
Approved L5637 -ADD LOW EXTREM BELW KNEE TOTAL CNTC		1		1
		4		4
Approved L5645 -ADD LW EXTRM BK FLX INNR EXT FRME		4		4
		3		3
Approved L5647 -ADD LOW EXTRM BELW KNEE SUCTN SOCKT		3		3
		3		3
Approved L5649 -ADD LW EXT ISCHIAL CONTAINMENT SCKT		3		3
		1		1
Approved L5650 -ADD LW EXTRM TOT CONTACT AK/DISARTC		1		1
		1		1
Approved L5651 -ADD LW EXTRM AK FLX INNR EXT FRME		1		1
		2		2
Approved L5652 -ADD LW EXTRM SUCTN SUSP AK/DISARTC		2		2
		2		2
Approved L5679 -ADD LW EXT BK/AK CSTM FAB XST MOLD		2		2
		5		5
Approved L5685 -ADD LOW EXT PROS BELW KNEE SLEEVE		5		5
		4		4
Approved L5814 -ADD ENDO KNEE-SHN HYDRAUL MECH LOCK		4		4
		1		1
Approved L5828 -ADD ENDO KNEE-SHIN FL SWING&STANCE		1		1
		1		1
Approved L5845 -ADD ENDOSKL KNEE-SHIN STANC FLX ADJ		1		1
		2		2
Approved L5850 -ADD ENDO AK/HIP DSRTC KNEE EXT ASST		2		2
		1		1
Approved L5910 -ADD ENDOSKEL BELW KNEE ALIGNBL SYS		1		1
		4		4
Approved L5920 -ADD ENDOSKEL AK/HIP DISRTC ALIGNBL		4		4
		1		1
Approved L5925 -ADD ENDO AK/HIP DISARTIC MNL LOCK		1		1
		1		1
Approved L5940 -ADD ENDOSKEL BELW KNEE ULTRA-LGHT		1		1
		3		3
Approved L5950 -ADD ENDOSKEL ABVE KNEE ULTRA-LGHT		3		3
		1		1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved L5968 -ADD LW LIMB PROSTH MX-AXIAL ANKLE	1			1
Approved L5972 -ALL LOW EXT PROS FOOT FLEXIBLE KEEL	1			1
Approved L5980 -ALL LOW EXTREM PROSTH FLX-FOOT SYS	1			1
Approved L5981 -ALL LOW EXTRM PROSTH FLX-WALK SYS/=	2			2
Approved L5986 -ALL LW EXTRM PROSTH MX-AXIAL ROT U	2			2
Approved L5987 -ALL LW EXTRM PROSTH SHANK FOOT SYS	4			4
Approved L5988 -ADD LW LMB PRSTH VERTCL SHOCK RDOC	1			1
Approved L8420 -PROSTHETIC SOCK MX PLY BELW KNEE EA	4			4
Approved L8430 -PROSTHETIC SOCK MX PLY ABVE KNEE EA	4			4
Approved L8470 -PROSTH SOCK 1 PLY FIT BELW KNEE EA	1			1
Approved L8480 -PROSTH SOCK 1 PLY FIT ABVE KNEE EA	4			4
Approved L8619 -COCHLR IMPL SPCH PRCSSR/CNTRLR REPL	1			1
Approved L8680 -IMPL NEUROSTIMULATOR ELECTRODE EA	1			1
Approved Long Term Acute Care	5			5
Not Med Necessary			1	1
Approved Outpatient Dialysis Services	20			20
Approved Outpatient Mental/Nervous-Individual	4			4
Approved Outpatient Substance Abuse-Individual	4			4
Approved Physician Mental Health Services	1			1
Approved Q0091 -SCR PAP SMER; OBTAIN PREP&CONVY-LAB	1			1
Approved	5			5
Approved	2			2
Approved	2			2
Approved	2			2



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Q0138 -Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	27			27
Approved	27			27
Q0163 -DIPHENHYDRAMINE HCL 50 MG ORAL	1			1
Approved	1			1
Q2050 -Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg	1			1
Approved	1			1
Q3014 -TELEHEALTH ORIG SITE FACILITY FEE	10	1		11
Not a Covered Benefit		1		1
Approved	10			10
Q4105 -INTEGRA DRT PER SQ CM	1			1
Approved	1			1
Q4121 -THERASKIN PER SQ CM	1			1
Approved	1			1
Q4158 -Kerecis Omega3, per sq cm	1			1
Approved	1			1
Q5001 -HOSPICE/HOME HLTH CARE PT HOME/RES	1			1
Approved	1			1
Q5101 -Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg	4			4
Approved	4			4
Q5104 -Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	2			2
Approved	2			2
Q5106 -Injection, epoetin alfa, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	4			4
Approved	4			4
Q5107 -Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	4			4
Approved	4			4
Q5108 -Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	4			4
Approved	4			4
Q5110 -Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	3			3
Approved	3			3
Q5111 -Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	5			5
Approved	5			5
Q5114 -Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	1			1
Approved	1			1
Q5115 -Injection, rituximab-abbs, biosimilar, 10 mg	5			5
Approved	5			5
Q5117 -Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	5			5
Approved	5			5
Q5118 -Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	2			2
Approved	2			2
Q5119 -Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	6			6



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
Approved Q9965 -LOCM 100-199 MG/ML I CONC PER ML	6			6
Approved Q9967 -LOCM 300-399 MG/ML I CONC PER ML	6			6
Approved Residential Treatment Mental/Nervous	4			4
Not a Covered Benefit				
Approved S0028 -INJECTION FAMOTIDINE 20 MG	3			3
Approved S1040 -CRANIAL REMOLD ORTHOT PED CUST FAB	2			2
Approved S2095 -TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC	5			5
Approved S9001 -HOME UTERIN MON W/WO ASSOC NRS SRVC	1			1
Approved S9152 -SPEECH THERAPY RE-EVALUATION	1			1
Approved S9328 -HIT IMPLANTED PUMP PAIN MGMT; DIEM	2			2
Approved S9338 -HOME INFUS TX IMMUTHAPY; PER DIEM	1			1
Approved S9342 -HT; ENTERAL NUTRIT VIA PUMP; DIEM	10			10
Approved S9343 -HT; ENTERAL NUTRIT VIA BOLUS; DIEM	10			10
Approved S9348 -HIT SYMPATHOMIMETIC/INOTROPIC DIEM	1			1
Approved S9359 -HIT ANTI-TUMR NECROS FACTOR IV TX;	1			1
Approved S9366 -HIT TPN; >1 L BUT NOT > 2 L-DA-DIEM	1			1
Approved S9367 -HIT TPN; >2 L BUT NOT >3 L-DAY-DIEM	1			1
Approved S9374 -HIT HYDRATION TX; 1 LITER DAY	1			1
Approved S9379 -HOME INFUS TX INFUSION TX NOC; DIEM	1			1
Approved	1			1



Approved Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
S9500 -Home Infusion Therapy Pharmacy therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per				
Approved	12			12
S9500 -Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per				
Approved	2			2
S9501 -HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS				
Approved	2			2
S9502 -HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS				
Approved	2			2
U0001 -CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel				
Approved	3			3
V5010 -Assessment for hearing aid				
Approved	3			3
V5011 -Fitting/orientation/checking of hearing aid				
Approved	1			1
V5160 -Dispensing fee, binaural				
Approved	4			4
V5257 -Hearing aid, digital, monaural, BTE				
Approved	4			4
V5261 -Hearing aid, digital, binaural, BTE				
Approved	11			11
V5266 -Battery for use in hearing device				
Approved	1			1
Grand Total	12884	58	19	12961