

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
00170 -Anesthesia for intraoral procedures, including biopsy; not otherwise specified		7		7
Ambulatory Surgical		2		2
Children		2		2
General Acute Care Hospital		3		3
01112 -Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest		1		1
General Acute Care Hospital		1		1
0238T -TRLUML PERIP ATHRC ILIAC ART		3		3
Cardiovascular Disease		3		3
0421 -PHYS THERP/VISIT		127		127
Home Health		127		127
0431 -OCCUP THERP/VISIT		53		53
Home Health		53		53
0441 -SPEECH PATH/VISIT		14		14
Home Health		13		13
Speech-Language Pathologist		1		1
0551 -SKILLED NURS/VISIT		240		240
Home Health		240		240
0561 -MED SOC SERV/VISIT		10		10
Home Health		10		10
0571 -AIDE/HOME HLTH/VISIT		5		5
Home Health		5		5
10006 -Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)		1		1
Otolaryngology		1		1
1002 -1002 BEHAVIORAL HEALTH ACCOMMODATIONS			1	1
Substance Abuse Rehabilitation Facility			1	1
11042 -Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less		2	1	3
General Acute Care Hospital		1	1	2
General Surgery		1		1
11043 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less		2	1	3
General Acute Care Hospital		1	1	2
General Surgery		1		1
11044 -Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less			1	1
General Acute Care Hospital			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
General Acute Care Hospital			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
General Acute Care Hospital			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
Plastic and Reconstructive Surgery		1		1
11771 -Excision of pilonidal cyst or sinus; extensive		1		1
General Acute Care Hospital		1		1
11971 -Removal of tissue expander(s) without insertion of prosthesis		1		1
General Acute Care Hospital		1		1
12051 -Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less		1		1
Plastic and Reconstructive Surgery		1		1

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Service Code with Description	Approved	Denied	Partially Approved	Grand Total
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
Ambulatory Surgical		1		1
14060 -Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less		1		1
General Acute Care Hospital		1		1
14301 -Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm		2		2
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		1		1
15260 -Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less		3		3
General Acute Care Hospital		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
General Acute Care Hospital		1		1
General Surgery		1		1
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
General Acute Care Hospital		3		3
Podiatrist		2		2
15731 -Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)		2		2
General Acute Care Hospital		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
General Acute Care Hospital		1		1
15734 -Muscle, myocutaneous, or fasciocutaneous flap; trunk		1		1
General Acute Care Hospital		1		1
15769 -Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)		1		1
General Acute Care Hospital		1		1
15770 -Graft; derma-fat-fascia		1		1
Ambulatory Surgical		1		1
15823 -Blepharoplasty, upper eyelid; with excessive skin weighting down lid		4		4
Ambulatory Surgical		1		1
General Acute Care Hospital		3		3
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

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Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		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
General Acute Care Hospital		1		1
19301 -Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);		10		10
General Acute Care Hospital		10		10
19303 -Mastectomy, simple, complete		1		1
General Acute Care Hospital		1		1
19307 -Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle		1		1
General Acute Care Hospital		1		1
19318 -Reduction mammoplasty		1	1	2
General Acute Care Hospital		1	1	2
19380 -Revision of reconstructed breast		1		1
General Acute Care Hospital		1		1
19499 -Unlisted procedure, breast		1		1
General Acute Care Hospital		1		1
20206 -Biopsy, muscle, percutaneous needle		1		1
General Acute Care Hospital		1		1
20240 -Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)		1		1
Ambulatory Surgical		1		1
20245 -Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)		1		1
General Acute Care Hospital		1		1
20525 -Removal of foreign body in muscle or tendon sheath; deep or complicated		1		1
Ambulatory Surgical		1		1
20552 -Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)		1		1
General Acute Care Hospital		1		1
20680 -Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)		6		6
Ambulatory Surgical		1		1
General Acute Care Hospital		5		5
20694 -Removal, under anesthesia, of external fixation system		1		1
General Acute Care Hospital		1		1
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;		2		2
General Acute Care Hospital		2		2
20704 -Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)		1		1
General Acute Care Hospital		1		1
20900 -Bone graft, any donor area; minor or small (eg, dowel or button)		3		3
Ambulatory Surgical		1		1
General Acute Care Hospital		2		2
20912 -Cartilage graft; nasal septum		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
20930 -Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)		6		6
General Acute Care Hospital		6		6
20931 -Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)		11		11
General Acute Care Hospital		11		11

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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
General Acute Care Hospital		5		5
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
General Acute Care Hospital		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
General Acute Care Hospital		5		5
20955 -Bone graft with microvascular anastomosis; fibula		1		1
General Acute Care Hospital		1		1
21012 -Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater		1		1
Plastic and Reconstructive Surgery		1		1
21014 -Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater		1		1
Plastic and Reconstructive Surgery		1		1
21025 -Excision of bone (eg, for osteomyelitis or bone abscess); mandible		1		1
General Acute Care Hospital		1		1
21040 -Excision of benign tumor or cyst of mandible, by enucleation and/or curettage		1		1
Oral and Maxillofacial Surgery		1		1
21085 -Impression and custom preparation; oral surgical splint		3		3
General Acute Care Hospital		1		1
Otolaryngology		2		2
21141 -Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft		1		1
General Acute Care Hospital		1		1
21196 -Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation		1		1
General Acute Care Hospital		1		1
21235 -Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)		4		4
Ambulatory Surgical		1		1
General Acute Care Hospital		3		3
21244 -Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)		1		1
General Acute Care Hospital		1		1
21248 -Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial		1		1
General Acute Care Hospital		1		1
21401 -Closed treatment of fracture of orbit, except blowout; with manipulation		1		1
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		1		1
22551 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2		11		11
General Acute Care Hospital		11		11
22552 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy 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
General Acute Care Hospital		11		11
22558 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar		2		2

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General Acute Care Hospital		2		2
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)		1		1
General Acute Care Hospital		1		1
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		1		1
Neurological Surgery		1		1
22600 -Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment		2		2
General Acute Care Hospital		2		2
22612 -Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)		3		3
General Acute Care Hospital		3		3
22614 -Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)		5		5
General Acute Care Hospital		5		5
22630 -Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar		1		1
Neurological Surgery		1		1
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		22		22
General Acute Care Hospital		22		22
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;		14		14
General Acute Care Hospital		14		14
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)		8		8
General Acute Care Hospital		7		7
Neurological Surgery		1		1
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)		17		17
General Acute Care Hospital		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)		1		1
General Acute Care Hospital		1		1
22845 -Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)		10		10
General Acute Care Hospital		10		10
22846 -Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)		3		3
General Acute Care Hospital		3		3
22852 -Removal of posterior segmental instrumentation		4		4
General Acute Care Hospital		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		24		24
General Acute Care Hospital		23		23
Neurological Surgery		1		1
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		1		1
General Acute Care Hospital		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		1		1

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General Acute Care Hospital 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		1		1
General Acute Care Hospital 23405 -Tenotomy, shoulder area; single tendon		1		1
General Acute Care Hospital 23412 -Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic		5		5
Ambulatory Surgical 23430 -Tenodesis of long tendon of biceps		3		3
General Acute Care Hospital 23470 -Arthroplasty, glenohumeral joint; hemiarthroplasty		1		1
General Acute Care Hospital 23472 -Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))		1		1
General Acute Care Hospital 23600 -Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation		1		1
General Acute Care Hospital 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
General Acute Care Hospital 23650 -Closed treatment of shoulder dislocation, with manipulation; without anesthesia		1		1
Ambulatory Surgical 24073 -Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater		1		1
Ambulatory Surgical 24341 -Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)		1		1
General Acute Care Hospital 24342 -Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft		1		1
General Acute Care Hospital 24343 -Repair lateral collateral ligament, elbow, with local tissue		1		1
General Acute Care Hospital 24357 -Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous		1		1
General Acute Care Hospital 24363 -Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)		1		1
General Acute Care Hospital 24538 -Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension		1		1
Children 25000 -Incision, extensor tendon sheath, wrist (eg, deQuervains disease)		2		2
Ambulatory Surgical 25071 -Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater		1		1
Ambulatory Surgical 25215 -Carpectomy; all bones of proximal row		1		1
General Acute Care Hospital 25290 -Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon		4		4
Ambulatory Surgical 25400 -Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)		1		1
General Acute Care Hospital		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
25447 -Arthroplasty, interposition, intercarpal or carpometacarpal joints		1		1
Ambulatory Surgical		1		1
25505 -Closed treatment of radial shaft fracture; with manipulation		1		1
Children		1		1
25515 -Open treatment of radial shaft fracture, includes internal fixation, when performed		1		1
Children		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
Ambulatory Surgical		1		1
25545 -Open treatment of ulnar shaft fracture, includes internal fixation, when performed		1		1
Children		1		1
25606 -Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation		1		1
Children		1		1
25607 -Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation		1		1
Children		1		1
25609 -Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments		4		4
Ambulatory Surgical		4		4
25675 -Closed treatment of distal radioulnar dislocation with manipulation		1		1
Ambulatory Surgical		1		1
26040 -Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous		1		1
Orthopaedic Surgery		1		1
26055 -Tendon sheath incision (eg, for trigger finger)		3		3
Ambulatory Surgical		3		3
26115 -Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm		1		1
General Acute Care Hospital		1		1
26116 -Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm		2		2
Ambulatory Surgical		2		2
26160 -Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger		1		1
Ambulatory Surgical		1		1
26418 -Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon		1		1
General Acute Care Hospital		1		1
26605 -Closed treatment of metacarpal fracture, single; with manipulation, each bone		1		1
Ambulatory Surgical		1		1
26607 -Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone		1		1
Children		1		1
26608 -Percutaneous skeletal fixation of metacarpal fracture, each bone		2		2
Ambulatory Surgical		2		2
26615 -Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone		1		1
General Acute Care Hospital		1		1
26850 -Arthrodesis, metacarpophalangeal joint, with or without internal fixation;		1		1
Ambulatory Surgical		1		1
26860 -Arthrodesis, interphalangeal joint, with or without internal fixation;		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
27130 -Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft		10		10
General Acute Care Hospital		10		10
27132 -Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft		1		1
General Acute Care Hospital		1		1

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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
General Acute Care Hospital		1		1
27280 -Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed		6		6
General Acute Care Hospital		6		6
27310 -Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)		1		1
General Acute Care Hospital		1		1
27347 -Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee		1		1
Ambulatory Surgical		1		1
27385 -Suture of quadriceps or hamstring muscle rupture; primary		1		1
Ambulatory Surgical		1		1
27386 -Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft		1		1
Ambulatory Surgical		1		1
27403 -Arthrotomy with meniscus repair, knee		1		1
General Acute Care Hospital		1		1
27420 -Reconstruction of dislocating patella; (eg, Hauser type procedure)		1		1
Ambulatory Surgical		1		1
27422 -Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)		1		1
Ambulatory Surgical		1		1
27424 -Reconstruction of dislocating patella; with patellectomy		1		1
Ambulatory Surgical		1		1
27447 -Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		18		18
Ambulatory Surgical		5		5
General Acute Care Hospital		13		13
27485 -Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)		1		1
Children		1		1
27486 -Revision of total knee arthroplasty, with or without allograft; 1 component		3		3
General Acute Care Hospital		3		3
27524 -Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair		1		1
General Acute Care Hospital		1		1
27535 -Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed		2		2
General Acute Care Hospital		2		2
27640 -Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia		1		1
General Acute Care Hospital		1		1
27650 -Repair, primary, open or percutaneous, ruptured Achilles tendon;		1		1
General Acute Care Hospital		1		1
27654 -Repair, secondary, Achilles tendon, with or without graft		1		1
General Acute Care Hospital		1		1
27664 -Repair, extensor tendon, leg; primary, without graft, each tendon		1		1
General Acute Care Hospital		1		1
27685 -Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)		1		1
General Acute Care Hospital		1		1
27698 -Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)		1		1
General Acute Care Hospital		1		1
27704 -Removal of ankle implant		1		1
Ambulatory Surgical		1		1
27720 -Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)		1		1

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Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		1		1
27726 -Repair of fibula nonunion and/or malunion with internal fixation		1		1
General Acute Care Hospital		1		1
27792 -Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
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
General Acute Care Hospital		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
General Acute Care Hospital		1		1
27829 -Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
27870 -Arthrodesis, ankle, open		1		1
General Acute Care Hospital		1		1
28001 -Incision and drainage, bursa, foot		1		1
Podiatrist		1		1
28008 -Fasciotomy, foot and/or toe		2		2
Ambulatory Surgical		1		1
Podiatrist		1		1
28039 -Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater		1		1
Ambulatory Surgical		1		1
28045 -Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm		1		1
Foot & Ankle Surgery		1		1
28060 -Fasciectomy, plantar fascia; partial (separate procedure)		1		1
General Acute Care Hospital		1		1
28090 -Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot		1		1
Podiatrist		1		1
28120 -Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus		1		1
General Acute Care Hospital		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
Ambulatory Surgical		1		1
28192 -Removal of foreign body, foot; deep		1		1
Foot & Ankle Surgery		1		1
28230 -Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)		1		1
Ambulatory Surgical		1		1
28285 -Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)		1		1
Ambulatory Surgical		1		1
28289 -Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant		1		1
General Acute Care Hospital		1		1
28296 -Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method		1		1
Ambulatory Surgical		1		1
28299 -Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method		3		3
General Acute Care Hospital		3		3
28315 -Sesamoidectomy, first toe (separate procedure)		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Ambulatory Surgical		1		1
28322 -Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)		1		1
Ambulatory Surgical		1		1
28505 -Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed		1		1
General Acute Care Hospital		1		1
28615 -Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed		1		1
General Acute Care Hospital		1		1
28715 -Arthrodesis; triple		1		1
Ambulatory Surgical		1		1
28725 -Arthrodesis; subtalar		1		1
Ambulatory Surgical		1		1
28730 -Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;		6		6
Ambulatory Surgical		2		2
General Acute Care Hospital		4		4
28740 -Arthrodesis, midtarsal or tarsometatarsal, single joint		1		1
General Acute Care Hospital		1		1
29581 -Application of multi-layer compression system; leg (below knee), including ankle and foot		1		1
General Surgery		1		1
29806 -Arthroscopy, shoulder, surgical; capsulorrhaphy		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
29807 -Arthroscopy, shoulder, surgical; repair of SLAP lesion		1		1
Ambulatory Surgical		1		1
29822 -Arthroscopy, shoulder, surgical; debridement, limited		5		5
General Acute Care Hospital		5		5
29823 -Arthroscopy, shoulder, surgical; debridement, extensive		6		6
Ambulatory Surgical		4		4
General Acute Care Hospital		2		2
29824 -Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)		9		9
Ambulatory Surgical		3		3
General Acute Care Hospital		6		6
29825 -Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation		2		2
Ambulatory Surgical		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
Ambulatory Surgical		4		4
General Acute Care Hospital		15		15
29827 -Arthroscopy, shoulder, surgical; with rotator cuff repair		15		15
Ambulatory Surgical		4		4
General Acute Care Hospital		11		11
29828 -Arthroscopy, shoulder, surgical; biceps tenodesis		5		5
Ambulatory Surgical		3		3
General Acute Care Hospital		2		2
29834 -Arthroscopy, elbow, surgical; with removal of loose body or foreign body		2		2
General Acute Care Hospital		2		2
29838 -Arthroscopy, elbow, surgical; debridement, extensive		2		2
General Acute Care Hospital		2		2
29848 -Endoscopy, wrist, surgical, with release of transverse carpal ligament		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Ambulatory Surgical		1		1
29862 -Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum		1		1
General Acute Care Hospital		1		1
29873 -Arthroscopy, knee, surgical; with lateral release		1		1
Ambulatory Surgical		1		1
29874 -Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)		1		1
General Acute Care Hospital		1		1
29879 -Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture		5		5
Ambulatory Surgical		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
Ambulatory Surgical		4		4
Children		2		2
General Acute Care Hospital		1		1
29882 -Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)		7		7
Ambulatory Surgical		4		4
Children		2		2
General Acute Care Hospital		1		1
29888 -Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction		5		5
Ambulatory Surgical		1		1
Children		2		2
General Acute Care Hospital		2		2
29891 -Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect		1		1
General Acute Care Hospital		1		1
29893 -Endoscopic plantar fasciotomy		1		1
General Acute Care Hospital		1		1
29898 -Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive		1		1
General Acute Care Hospital		1		1
29914 -Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
29915 -Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)		1		1
General Acute Care Hospital		1		1
29916 -Arthroscopy, hip, surgical; with labral repair		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
29999 -Unlisted procedure, arthroscopy		1		1
Ambulatory Surgical		1		1
30115 -Excision, nasal polyp(s), extensive		1		1
Otolaryngology		1		1
30117 -Excision or destruction (eg, laser), intranasal lesion; internal approach		2		2
Ambulatory Surgical		1		1
Otolaryngology		1		1
30140 -Submucous resection inferior turbinate, partial or complete, any method		17		17
Ambulatory Surgical		6		6
General Acute Care Hospital		6		6
Otolaryngology		5		5
30460 -Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Children		1		1
30465 -Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)		2		2
Ambulatory Surgical	1			1
General Acute Care Hospital	1			1
30520 -Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft		15		15
Ambulatory Surgical	5			5
General Acute Care Hospital	5			5
Otolaryngology	5			5
30801 -Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial		1		1
Otolaryngology	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
Otolaryngology	4			4
30901 -Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method		1		1
General Acute Care Hospital	1			1
30930 -Fracture nasal inferior turbinate(s), therapeutic		5		5
Ambulatory Surgical	5			5
31000 -Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)		1		1
General Acute Care Hospital	1			1
31002 -Lavage by cannulation; sphenoid sinus		1		1
General Acute Care Hospital	1			1
31231 -Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)		1		1
Otolaryngology	1			1
31233 -Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)		10		10
Otolaryngology	10			10
31235 -Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)		10		10
Otolaryngology	10			10
31237 -Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)		10		10
Otolaryngology	10			10
31240 -Nasal/sinus endoscopy, surgical; with concha bullosa resection		4		4
Ambulatory Surgical	1			1
General Acute Care Hospital	1			1
Otolaryngology	2			2
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
General Acute Care Hospital	2			2
31254 -Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)		12		12
Otolaryngology	12			12
31255 -Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)		3		3
General Acute Care Hospital	2			2
Otolaryngology	1			1
31256 -Nasal/sinus endoscopy, surgical, with maxillary antrostomy;		3		3
Ambulatory Surgical	2			2
Otolaryngology	1			1
31257 -Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy		3		3
Ambulatory Surgical	2			2
General Acute Care Hospital	1			1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
31259 -Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus		1		1
General Acute Care Hospital		1		1
31267 -Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		5		5
General Acute Care Hospital		5		5
31276 -Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed		6		6
Ambulatory Surgical		2		2
General Acute Care Hospital		3		3
Otolaryngology		1		1
31287 -Nasal/sinus endoscopy, surgical, with sphenoidotomy;		1		1
Otolaryngology		1		1
31295 -Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa		15		15
Otolaryngology		15		15
31296 -Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)		2		2
Otolaryngology		2		2
31297 -Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)		1		1
Otolaryngology		1		1
31298 -Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)		16		16
General Acute Care Hospital		1		1
Otolaryngology		15		15
31505 -Laryngoscopy, indirect; diagnostic (separate procedure)		1		1
Otolaryngology		1		1
31525 -Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn		1		1
General Acute Care Hospital		1		1
31526 -Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope		1		1
Children		1		1
31600 -Tracheostomy, planned (separate procedure);		2		2
General Acute Care Hospital		2		2
31614 -Tracheostoma revision; complex, with flap rotation		1		1
General Acute Care Hospital		1		1
31622 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		3		3
Children		1		1
General Acute Care Hospital		1		1
Pulmonary Disease		1		1
31623 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings		2		2
Pulmonary Disease		2		2
31628 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe		1		1
Pulmonary Disease		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
Pulmonary Disease		1		1
33207 -Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular		1		1
General Acute Care Hospital		1		1
33208 -Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		2		2
General Acute Care Hospital		2		2
33249 -Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber		3		3
General Acute Care Hospital		3		3

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
33285 -Insertion, subcutaneous cardiac rhythm monitor, including programming		1		1
General Acute Care Hospital		1		1
33315 -Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass		1		1
General Acute Care Hospital		1		1
33410 -Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve		1		1
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		2		2
33533 -Coronary artery bypass, using arterial graft(s); single arterial graft		4		4
General Acute Care Hospital		4		4
33945 -Heart transplant, with or without recipient cardiectomy		1		1
General Acute Care Hospital		1		1
33979 -Insertion of ventricular assist device, implantable intracorporeal, single ventricle		1		1
General Acute Care Hospital		1		1
33990 -Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only		1		1
General Acute Care Hospital		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
Vascular Surgery		1		1
35533 -Bypass graft, with vein; axillary-femoral-femoral		1		1
General Acute Care Hospital		1		1
35556 -Bypass graft, with vein; femoral-popliteal		3		3
General Acute Care Hospital		3		3
36000 -Introduction of needle or intracatheter, vein		1		1
General Acute Care Hospital		1		1
36005 -Injection procedure for extremity venography (including introduction of needle or intracatheter)		3		3
General Acute Care Hospital		2		2
Thoracic Surgery (Cardiothoracic Vascular Surgery)		1		1
36010 -Introduction of catheter, superior or inferior vena cava		3		3
Cardiovascular Disease		1		1
General Acute Care Hospital		1		1
Thoracic Surgery (Cardiothoracic Vascular Surgery)		1		1
36011 -Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)		2		2
Cardiovascular Disease		1		1
General Acute Care Hospital		1		1
36012 -Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)		1		1
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
36246 -Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family General Acute Care Hospital		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 General Acute Care Hospital		3		3
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 General Acute Care Hospital		2		2
36415 -Collection of venous blood by venipuncture General Acute Care Hospital		2		2
36465 -Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; Vascular Surgery		1		1
36466 -Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; General Surgery		5		5
36470 -Injection of sclerosant; single incompetent vein (other than telangiectasia) Cardiovascular Disease		5		5
36471 -Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg Cardiovascular Disease		12		12
36473 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated Cardiovascular Disease		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 General Surgery		1		1
36475 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated Cardiovascular Disease		19		19
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 General Surgery		1		1
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 General Surgery		1		1
36477 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated General Acute Care Hospital		1		1
36478 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated General Surgery		2		2
36479 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated Thoracic Surgery (Cardiothoracic Vascular Surgery)		14		14
36480 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated Vascular Surgery		1		1
36481 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated Cardiovascular Disease		1		1
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 General Surgery		1		1
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; first vein treated General Acute Care Hospital		6		6
36484 -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 General Surgery		6		6
36485 -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 Thoracic Surgery (Cardiothoracic Vascular Surgery)		3		3
36486 -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 Vascular Surgery		16		16
36487 -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 Vascular Surgery		9		9
36488 -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 General Surgery		6		6
36489 -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 Vascular Surgery		1		1
36490 -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 General Surgery		5		5
36491 -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 General Surgery		8		8
36492 -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 Vascular Surgery		1		1
36493 -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 Vascular Surgery		7		7

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
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
General Surgery		1		1
Vascular Surgery		4		4
36561 -Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
36590 -Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion		1		1
General Acute Care Hospital		1		1
36821 -Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)		1		1
General Acute Care Hospital		1		1
36830 -Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)		1		1
General Acute Care Hospital		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
Thoracic Surgery (Cardiothoracic Vascular Surgery)		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
Thoracic Surgery (Cardiothoracic Vascular Surgery)		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
Thoracic Surgery (Cardiothoracic Vascular Surgery)		1		1
37187 -Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance		1		1
General Acute Care Hospital		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
General Acute Care Hospital		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
Cardiovascular Disease		1		1
37220 -Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty		1		1
Cardiovascular Disease		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
Cardiovascular Disease		1		1
37224 -Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty		2		2
Cardiovascular Disease		2		2
37225 -Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed		2		2
Cardiovascular Disease		2		2
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
Cardiovascular Disease		2		2
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
Cardiovascular Disease		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
37228 -Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty		1		1
Cardiovascular Disease		1		1
37229 -Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed		1		1
Cardiovascular Disease		1		1
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
Cardiovascular Disease		1		1
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
Cardiovascular Disease		1		1
General Acute Care Hospital		1		1
Thoracic Surgery (Cardiothoracic Vascular Surgery)		1		1
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
Cardiovascular Disease		1		1
Thoracic Surgery (Cardiothoracic Vascular Surgery)		1		1
37242 -Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention;		1		1
General Acute Care Hospital		1		1
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
General Acute Care Hospital		1		1
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
Cardiovascular Disease		1		1
General Acute Care Hospital		1		1
Thoracic Surgery (Cardiothoracic Vascular Surgery)		1		1
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
Cardiovascular Disease		1		1
General Acute Care Hospital		1		1
Thoracic Surgery (Cardiothoracic Vascular Surgery)		1		1
37600 -Ligation; external carotid artery		1		1
Ambulatory Surgical		1		1
37765 -Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions		2		2
General Acute Care Hospital		2		2
37766 -Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions		2		2
General Acute Care Hospital		2		2
38204 -Management of recipient hematopoietic progenitor cell donor search and cell acquisition		2		2
General Acute Care Hospital		2		2
38205 -Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic		3		3
General Acute Care Hospital		3		3
38220 -Diagnostic bone marrow; aspiration(s)		1		1
General Acute Care Hospital		1		1
38221 -Diagnostic bone marrow; biopsy(ies)		3		3
General Acute Care Hospital		3		3
38222 -Diagnostic bone marrow; biopsy(ies) and aspiration(s)		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		1		1
38240 -Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor		6		6
General Acute Care Hospital		6		6
38241 -Hematopoietic progenitor cell (HPC); autologous transplantation		3		3
General Acute Care Hospital		3		3
38510 -Biopsy or excision of lymph node(s); open, deep cervical node(s)		1		1
General Acute Care Hospital		1		1
38525 -Biopsy or excision of lymph node(s); open, deep axillary node(s)		3		3
General Acute Care Hospital		3		3
38571 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		3		3
General Acute Care Hospital		3		3
38572 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple		2		2
General Acute Care Hospital		2		2
38724 -Cervical lymphadenectomy (modified radical neck dissection)		2		2
General Acute Care Hospital		2		2
38740 -Axillary lymphadenectomy; superficial		1		1
General Acute Care Hospital		1		1
38745 -Axillary lymphadenectomy; complete		1		1
General Acute Care Hospital		1		1
38770 -Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)		1		1
General Acute Care Hospital		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
General Acute Care Hospital		1		1
40819 -Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)		1		1
Ambulatory Surgical		1		1
41113 -Excision of lesion of tongue with closure; posterior one-third		1		1
Ambulatory Surgical		1		1
41115 -Excision of lingual frenum (frenectomy)		1		1
Ambulatory Surgical		1		1
41135 -Glossectomy; partial, with unilateral radical neck dissection		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
41899 -Unlisted procedure, dentoalveolar structures		8		8
Ambulatory Surgical		2		2
Children		2		2
General Acute Care Hospital		4		4
42140 -Uvulectomy, excision of uvula		1		1
Ambulatory Surgical		1		1
42335 -Sialolithotomy; submandibular (submaxillary), complicated, intraoral		1		1
Ambulatory Surgical		1		1
42820 -Tonsillectomy and adenoidectomy; younger than age 12		5		5
Ambulatory Surgical		3		3
Children		1		1
General Acute Care Hospital		1		1
42826 -Tonsillectomy, primary or secondary; age 12 or over		10		10
Ambulatory Surgical		7		7
General Acute Care Hospital		3		3

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
42830 -Adenoidectomy, primary; younger than age 12		1		1
Children		1		1
43191 -Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure		1		1
General Acute Care Hospital		1		1
43235 -Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		7		7
General Acute Care Hospital		7		7
43237 -Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures		2		2
General Acute Care Hospital		2		2
43238 -Esophagogastroduodenoscopy, flexible, transoral;		2		2
General Acute Care Hospital		2		2
43239 -Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple		6		6
Ambulatory Surgical		1		1
Children		3		3
General Acute Care Hospital		2		2
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
General Acute Care Hospital		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
General Acute Care Hospital		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
Gastroenterology		1		1
43774 -Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components		1		1
General Acute Care Hospital		1		1
44120 -Enterectomy, resection of small intestine; single resection and anastomosis		1		1
General Acute Care Hospital		1		1
44130 -Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)		1		1
General Acute Care Hospital		1		1
44204 -Laparoscopy, surgical; colectomy, partial, with anastomosis		2		2
General Acute Care Hospital		2		2
44312 -Revision of ileostomy; simple (release of superficial scar) (separate procedure)		1		1
General Acute Care Hospital		1		1
44320 -Colostomy or skin level cecostomy;		2		2
General Acute Care Hospital		2		2
44625 -Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal		2		2
General Acute Care Hospital		2		2
45111 -Proctectomy; partial resection of rectum, transabdominal approach		1		1
General Acute Care Hospital		1		1
45112 -Proctectomy, combined abdominoperineal, pull-through procedure (eg. colo-anal anastomosis)		1		1
General Acute Care Hospital		1		1
45331 -Sigmoidoscopy, flexible; with biopsy, single or multiple		1		1
Children		1		1
45378 -Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		3		3
General Acute Care Hospital		3		3
45380 -Colonoscopy, flexible; with biopsy, single or multiple		6		6

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Ambulatory Surgical		1		1
Children		1		1
General Acute Care Hospital		4		4
45505 -Proctoplasty; for prolapse of mucous membrane		2		2
General Acute Care Hospital		2		2
46060 -Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton		1		1
General Acute Care Hospital		1		1
46200 -Fissurectomy, including sphincterotomy, when performed		1		1
General Acute Care Hospital		1		1
46221 -Hemorrhoidectomy, internal, by rubber band ligation(s)		3		3
Gastroenterology		3		3
46260 -Hemorrhoidectomy, internal and external, 2 or more columns/groups;		3		3
Gastroenterology		1		1
General Acute Care Hospital		2		2
46607 -Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple		1		1
General Acute Care Hospital		1		1
46946 -Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups		3		3
General Acute Care Hospital		3		3
46947 -Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling		1		1
General Acute Care Hospital		1		1
47000 -Biopsy of liver, needle; percutaneous		4		4
Gastroenterology		2		2
General Acute Care Hospital		1		1
Internal Medicine		1		1
47135 -Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age		4		4
General Acute Care Hospital		4		4
47382 -Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency		1		1
General Acute Care Hospital		1		1
47562 -Laparoscopy, surgical; cholecystectomy		11		11
General Acute Care Hospital		11		11
47563 -Laparoscopy, surgical; cholecystectomy with cholangiography		23		23
General Acute Care Hospital		23		23
47600 -Cholecystectomy;		1		1
General Acute Care Hospital		1		1
48140 -Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy		1		1
General Acute Care Hospital		1		1
48554 -Transplantation of pancreatic allograft		1		1
General Acute Care Hospital		1		1
49000 -Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)		3		3
General Acute Care Hospital		3		3
49320 -Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)		2		2
General Acute Care Hospital		2		2
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
Children		1		1
49560 -Repair initial incisional or ventral hernia; reducible		13		13

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Ambulatory Surgical		1		1
General Acute Care Hospital		12		12
49561 -Repair initial incisional or ventral hernia; incarcerated or strangulated		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
49565 -Repair recurrent incisional or ventral hernia; reducible		2		2
General Acute Care Hospital		2		2
49566 -Repair recurrent incisional or ventral hernia; incarcerated or strangulated		1		1
General Acute Care Hospital		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
Ambulatory Surgical		2		2
General Acute Care Hospital		11		11
49570 -Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)		3		3
Ambulatory Surgical		1		1
General Acute Care Hospital		2		2
49585 -Repair umbilical hernia, age 5 years or older; reducible		13		13
General Acute Care Hospital		13		13
49587 -Repair umbilical hernia, age 5 years or older; incarcerated or strangulated		2		2
General Acute Care Hospital		2		2
49650 -Laparoscopy, surgical; repair initial inguinal hernia		10		10
General Acute Care Hospital		10		10
49651 -Laparoscopy, surgical; repair recurrent inguinal hernia		1		1
General Acute Care Hospital		1		1
49652 -Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible		1		1
General Acute Care Hospital		1		1
49654 -Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible		2		2
General Acute Care Hospital		2		2
49655 -Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated		1		1
General Acute Care Hospital		1		1
50080 -Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm		1		1
General Acute Care Hospital		1		1
50081 -Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm		3		3
General Acute Care Hospital		3		3
50220 -Nephrectomy, including partial ureterectomy, any open approach including rib resection;		1		1
General Acute Care Hospital		1		1
50240 -Nephrectomy, partial		1		1
General Acute Care Hospital		1		1
50360 -Renal allotransplantation, implantation of graft; without recipient nephrectomy		3		3
General Acute Care Hospital		3		3
50387 -Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation		2		2
General Acute Care Hospital		2		2
50390 -Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		1		1
General Acute Care Hospital		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
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		3		3
General Acute Care Hospital	2			2
Medical Oncology	1			1
50543 -Laparoscopy, surgical; partial nephrectomy	1			1
General Acute Care Hospital	1			1
50545 -Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	5			5
General Acute Care Hospital	5			5
50590 -Lithotripsy, extracorporeal shock wave	8			8
General Acute Care Hospital	8			8
51102 -Aspiration of bladder; with insertion of suprapubic catheter	1			1
General Acute Care Hospital	1			1
51700 -Bladder irrigation, simple, lavage and/or instillation	1			1
General Acute Care Hospital	1			1
52000 -Cystourethroscopy (separate procedure)	12			12
Ambulatory Surgical	1			1
General Acute Care Hospital	11			11
52005 -Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1			1
General Acute Care Hospital	1			1
52204 -Cystourethroscopy, with biopsy(s)	1			1
General Acute Care Hospital	1			1
52260 -Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	1			1
General Acute Care Hospital	1			1
52287 -Cystourethroscopy, with injection(s) for chemodenervation of the bladder	4			4
Ambulatory Surgical	1			1
General Acute Care Hospital	1			1
Urology	2			2
52310 -Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	1			1
General Acute Care Hospital	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)	1			1
General Acute Care Hospital	1			1
52332 -Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	3			3
General Acute Care Hospital	3			3
52351 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	1			1
General Acute Care Hospital	1			1
52353 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	3			3
Ambulatory Surgical	1			1
General Acute Care Hospital	2			2
52356 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	6			6
Ambulatory Surgical	1			1
General Acute Care Hospital	5			5
52601 -Transurethral electroresection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	1			1
General Acute Care Hospital	1			1
54161 -Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	2			2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Children 54322 -1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)		2		2
Children 54435 -Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism		1		1
General Acute Care Hospital 54640 -Orchiopexy, inguinal approach, with or without hernia repair		1		1
Children 55040 -Excision of hydrocele; unilateral		1		1
General Acute Care Hospital 55041 -Excision of hydrocele; bilateral		1		1
Ambulatory Surgical 55060 -Repair of tunica vaginalis hydrocele (Bottle type)		1		1
Children 55520 -Excision of lesion of spermatic cord (separate procedure)		1		1
General Acute Care Hospital 55700 -Biopsy, prostate; needle or punch, single or multiple, any approach		1		1
Ambulatory Surgical 55845 -Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		1		1
General Acute Care Hospital 55866 -Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed		2		2
General Acute Care Hospital 56501 -Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		3		3
General Acute Care Hospital 56515 -Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		1		1
General Acute Care Hospital 56740 -Excision of Bartholin's gland or cyst		1		1
Family Medicine 57135 -Excision of vaginal cyst or tumor		2		2
General Acute Care Hospital 57155 -Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy		2		2
General Acute Care Hospital 57283 -Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)		2		2
General Acute Care Hospital 57288 -Sling operation for stress incontinence (eg, fascia or synthetic)		5		5
Ambulatory Surgical 57295 -Revision (including removal) of prosthetic vaginal graft; vaginal approach		3		3
Ambulatory Surgical 57500 -Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)		1		1
General Acute Care Hospital 57522 -Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision		1		1
General Acute Care Hospital 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		2		2
General Acute Care Hospital		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
58150 -Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); General Acute Care Hospital		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-urethrocytostomy (eg, Marshall-Marchetti-Krantz, Burch) General Acute Care Hospital		2		2
58180 -Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s) General Acute Care Hospital		1		1
58541 -Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; General Acute Care Hospital		1		1
58550 -Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; General Acute Care Hospital		1		1
58558 -Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C General Acute Care Hospital		4		4
58561 -Hysteroscopy, surgical; with removal of leiomyomata General Acute Care Hospital		2		2
58563 -Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation) General Acute Care Hospital		2		2
58571 -Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) General Acute Care Hospital		21		21
58573 -Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) General Acute Care Hospital		1		1
58661 -Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) General Acute Care Hospital		14		14
58662 -Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method General Acute Care Hospital		1		1
58670 -Laparoscopy, surgical; with fulguration of oviducts (with or without transection) General Acute Care Hospital		1		1
58700 -Salpingectomy, complete or partial, unilateral or bilateral (separate procedure) General Acute Care Hospital		2		2
58925 -Ovarian cystectomy, unilateral or bilateral General Acute Care Hospital		1		1
58953 -Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; General Acute Care Hospital		1		1
59000 -Amniocentesis; diagnostic Children		3		3
59001 -Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance) Children		4		4
59015 -Chorionic villus sampling, any method Children		3		3
59400 -Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care General Acute Care Hospital		8		8
59510 -Routine obstetric care including antepartum care, cesarean delivery, and postpartum care General Acute Care Hospital		1		1
59812 -Treatment of incomplete abortion, any trimester, completed surgically General Acute Care Hospital		2		2
60220 -Total thyroid lobectomy, unilateral; with or without isthmusectomy General Acute Care Hospital		4		4
60240 -Thyroidectomy, total or complete		5		5

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		5		5
60252 -Thyroidectomy, total or subtotal for malignancy; with limited neck dissection		1		1
General Acute Care Hospital		1		1
60260 -Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid		3		3
General Acute Care Hospital		3		3
60280 -Excision of thyroglossal duct cyst or sinus;		1		1
General Acute Care Hospital		1		1
60512 -Parathyroid autotransplantation (List separately in addition to code for primary procedure)		1		1
General Acute Care Hospital		1		1
61510 -Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma		1		1
General Acute Care Hospital		1		1
61558 -Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts		1		1
Children		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
General Acute Care Hospital		1		1
61680 -Surgery of intracranial arteriovenous malformation; supratentorial, simple		1		1
General Acute Care Hospital		1		1
61682 -Surgery of intracranial arteriovenous malformation; supratentorial, complex		1		1
General Acute Care Hospital		1		1
61684 -Surgery of intracranial arteriovenous malformation; infratentorial, simple		1		1
General Acute Care Hospital		1		1
61690 -Surgery of intracranial arteriovenous malformation; dural, simple		1		1
General Acute Care Hospital		1		1
61781 -Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		1		1
General Acute Care Hospital		1		1
61782 -Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)		16		16
General Acute Care Hospital		3		3
Otolaryngology		13		13
61783 -Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)		1		1
General Acute Care Hospital		1		1
62270 -Spinal puncture, lumbar, diagnostic		3		3
General Acute Care Hospital		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
Ambulatory Surgical		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
General Acute Care Hospital		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
Pain Management		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
Interventional Pain Medicine		1		1
Pain Management		1		1
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

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital 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)		1		1
General Acute Care Hospital 63030 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar		2		2
General Acute Care Hospital 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		25		25
General Acute Care Hospital 63042 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar		2		2
General Acute Care Hospital 63044 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace;		8		8
General Acute Care Hospital 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		2		2
General Acute Care Hospital 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		2		2
General Acute Care Hospital 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;		26		26
General Acute Care Hospital 63085 -Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment		26		26
General Acute Care Hospital 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		11		11
General Acute Care Hospital 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		11		11
General Acute Care Hospital 63267 -Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar		1		1
General Acute Care Hospital 63277 -Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar		1		1
General Acute Care Hospital 63282 -Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar		1		1
General Acute Care Hospital 63287 -Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar		1		1
General Acute Care Hospital 63650 -Percutaneous implantation of neurostimulator electrode array, epidural		1		1
Ambulatory Surgical General Acute Care Hospital		12		12
Interventional Pain Medicine Pain Management		1		1
63655 -Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural		4		4
		5		5
		2		2
		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		1		1
63685 -Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling		3		3
Ambulatory Surgical		1		1
General Acute Care Hospital		2		2
63688 -Revision or removal of implanted spinal neurostimulator pulse generator or receiver		1		1
General Acute Care Hospital		1		1
64450 -Injection, anesthetic agent; other peripheral nerve or branch		2		2
General Acute Care Hospital		2		2
64479 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
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)		1		1
Ambulatory Surgical		1		1
64483 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level		3		3
Ambulatory Surgical		3		3
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)		1		1
Ambulatory Surgical		1		1
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
General Acute Care Hospital		1		1
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
General Acute Care Hospital		1		1
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
General Acute Care Hospital		1		1
64615 -Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)		27		27
Clinic/Center		1		1
Neurology		23		23
Nurse Practitioner		3		3
64625 -Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)		1		1
General Acute Care Hospital		1		1
64635 -Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint		1		1
Pain Management		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)		2		2
Pain Management		2		2
64642 -Chemodenervation of one extremity; 1-4 muscle(s)		2	1	3
General Acute Care Hospital		1		1
Neurology		1	1	2
64645 -Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)			1	1
Neurology			1	1
64716 -Neuroplasty and/or transposition; cranial nerve (specify)		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital 64718 -Neuroplasty and/or transposition; ulnar nerve at elbow		2		2
Ambulatory Surgical General Acute Care Hospital	1			1
64721 -Neuroplasty and/or transposition; median nerve at carpal tunnel		27	1	28
Ambulatory Surgical General Acute Care Hospital	16			16
Orthopaedic Surgery	7	1		8
64722 -Decompression; unspecified nerve(s) (specify)		4		4
General Acute Care Hospital	1			1
64772 -Transection or avulsion of other spinal nerve, extradural		1		1
General Acute Care Hospital	1			1
64784 -Excision of neuroma; major peripheral nerve, except sciatic		1		1
General Acute Care Hospital	1			1
64787 -Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)		1		1
General Acute Care Hospital	1			1
64999 -Unlisted procedure, nervous system		3		3
General Acute Care Hospital Pain Management	2			2
65235 -Removal of foreign body, intraocular; from anterior chamber of eye or lens		1		1
General Acute Care Hospital	2			2
65265 -Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction		2		2
General Acute Care Hospital	2			2
65400 -Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium		1		1
Ophthalmology	1			1
65426 -Excision or transposition of pterygium; with graft		7		7
Ambulatory Surgical	6			6
General Acute Care Hospital	1			1
65756 -Keratoplasty (corneal transplant); endothelial		1		1
General Acute Care Hospital	1			1
65778 -Placement of amniotic membrane on the ocular surface; without sutures		24		24
Ambulatory Surgical Ophthalmology	2			2
65780 -Ocular surface reconstruction; amniotic membrane transplantation, multiple layers		22		22
Ambulatory Surgical	4			4
General Acute Care Hospital	3			3
65782 -Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)		1		1
General Acute Care Hospital	1			1
65820 -Goniotomy		1		1
Ambulatory Surgical	1			1
66174 -Transluminal dilation of aqueous outflow canal; without retention of device or stent		1		1
Ambulatory Surgical	1			1
66761 -Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)		1		1
Ophthalmology	1			1
66821 -Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)		3		3
Ambulatory Surgical	3			3

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
66982 -Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), Ambulatory Surgical		1		1
66984 -Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification) Ambulatory Surgical		1		1
66985 -Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal General Acute Care Hospital		7		7
67025 -Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure) General Acute Care Hospital		5		5
67028 -Intravitreal injection of a pharmacologic agent (separate procedure) General Acute Care Hospital		2		2
67039 -Vitreotomy, mechanical, pars plana approach; with focal endolaser photocoagulation General Acute Care Hospital		1		1
67040 -Vitreotomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation General Acute Care Hospital		2		2
67041 -Vitreotomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker) General Acute Care Hospital		2		2
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 General Acute Care Hospital		2		2
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), Ambulatory Surgical		1		1
67145 -Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc) Ambulatory Surgical		5		5
67210 -Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation General Acute Care Hospital		2		2
67220 -Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions General Acute Care Hospital		3		3
67228 -Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation Ophthalmology		1		1
67311 -Strabismus surgery, recession or resection procedure; 1 horizontal muscle Ophthalmology		19		19
67343 -Release of extensive scar tissue without detaching extraocular muscle (separate procedure) Ophthalmology		1		1
67400 -Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy General Acute Care Hospital		1		1
67420 -Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion General Acute Care Hospital		1		1
67840 -Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure General Acute Care Hospital		1		1
67875 -Temporary closure of eyelids by suture (eg, Frost suture) Ophthalmology		1		1
		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Ambulatory Surgical		2		2
67904 -Repair of blepharoptosis; (tarso) levator resection or advancement, external approach		1		1
General Acute Care Hospital		1		1
68115 -Excision of lesion, conjunctiva; over 1 cm		1		1
General Acute Care Hospital		1		1
68135 -Destruction of lesion, conjunctiva		1		1
General Acute Care Hospital		1		1
68326 -Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement		1		1
General Acute Care Hospital		1		1
69310 -Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)		1		1
Ambulatory Surgical		1		1
69424 -Ventilating tube removal requiring general anesthesia		1		1
General Acute Care Hospital		1		1
69433 -Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia		2		2
Otolaryngology		2		2
69436 -Tympanostomy (requiring insertion of ventilating tube), general anesthesia		8		8
Ambulatory Surgical		4		4
Children		1		1
General Acute Care Hospital		3		3
69502 -Mastoidectomy; complete		1		1
Otolaryngology		1		1
69610 -Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch		1		1
Otolaryngology		1		1
69620 -Myringoplasty (surgery confined to drumhead and donor area)		1		1
General Acute Care Hospital		1		1
69631 -Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction		2		2
General Acute Care Hospital		1		1
Otolaryngology		1		1
69643 -Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction		1		1
Ambulatory Surgical		1		1
69990 -Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
70100 -Radiologic examination, mandible; partial, less than 4 views		1		1
Diagnostic Radiology		1		1
70310 -Radiologic examination, teeth; partial examination, less than full mouth		1		1
Diagnostic Radiology		1		1
70450 -Computed tomography, head or brain; without contrast material		1		1
Children		1		1
70460 -Computed tomography, head or brain; with contrast material(s)		2		2
General Acute Care Hospital		2		2
70486 -Computed tomography, maxillofacial area; without contrast material		1		1
Ambulatory Surgical		1		1
70491 -Computed tomography, soft tissue neck; with contrast material(s)		3		3
General Acute Care Hospital		3		3
70496 -Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		2		2
70544 -Magnetic resonance angiography, head; without contrast material(s)		1		1
General Acute Care Hospital		1		1
70551 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		4		4
Diagnostic Radiology		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
Children		3		3
Diagnostic Radiology		2		2
General Acute Care Hospital		3		3
71010 -Radiologic examination, chest; single view, frontal		1		1
General Acute Care Hospital		1		1
71035 -Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)		1		1
General Acute Care Hospital		1		1
71045 -Radiologic examination, chest; single view		2		2
Diagnostic Radiology		1		1
General Acute Care Hospital		1		1
71046 -Radiologic examination, chest; 2 views		11		11
Children		2		2
General Acute Care Hospital		9		9
71047 -Radiologic examination, chest; 3 views		1		1
General Acute Care Hospital		1		1
71048 -Radiologic examination, chest; 4 or more views		2		2
General Acute Care Hospital		2		2
71250 -Computed tomography, thorax; without contrast material		9		9
Children		1		1
General Acute Care Hospital		8		8
71260 -Computed tomography, thorax; with contrast material(s)		9		9
General Acute Care Hospital		9		9
71270 -Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections		4		4
General Acute Care Hospital		4		4
71275 -Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		2		2
General Acute Care Hospital		2		2
71555 -Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		1		1
General Acute Care Hospital		1		1
72040 -Radiologic examination, spine, cervical; 2 or 3 views		6		6
Chiropractor		5		5
Diagnostic Radiology		1		1
72070 -Radiologic examination, spine; thoracic, 2 views		1		1
Chiropractor		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
Children		1		1
72100 -Radiologic examination, spine, lumbosacral; 2 or 3 views		2		2
Chiropractor		2		2
72131 -Computed tomography, lumbar spine; without contrast material		1		1
Orthopaedic Surgery		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
72141 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		8		8
Children		1		1
Diagnostic Radiology		3		3
General Acute Care Hospital		4		4
72146 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		3		3
Children		1		1
General Acute Care Hospital		2		2
72148 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		6		6
Children		1		1
Diagnostic Radiology		4		4
General Acute Care Hospital		1		1
72191 -Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		1		1
General Acute Care Hospital		1		1
72192 -Computed tomography, pelvis; without contrast material		3		3
General Acute Care Hospital		3		3
72193 -Computed tomography, pelvis; with contrast material(s)		2		2
General Acute Care Hospital		2		2
72195 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)		3		3
Diagnostic Radiology		2		2
General Acute Care Hospital		1		1
72197 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences		1		1
General Acute Care Hospital		1		1
73070 -Radiologic examination, elbow; 2 views		1		1
Children		1		1
73090 -Radiologic examination; forearm, 2 views		2		2
Orthopaedic Surgery		2		2
73140 -Radiologic examination, finger(s), minimum of 2 views		1		1
Children		1		1
73218 -Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)		1		1
Rheumatology		1		1
73221 -Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		4		4
Diagnostic Radiology		2		2
General Acute Care Hospital		1		1
Rheumatology		1		1
73500 -RADIOLOGIC EXAMINATION HIP UNILATERAL 1 VIEW		3		3
General Acute Care Hospital		3		3
73510 -RADIOLOGIC EXAMINATION HIP UNILATERAL COMPLETE MINIMUM O		3		3
General Acute Care Hospital		3		3
73520 -RADIOLOGIC EXAMINATION HIPS BILATERAL MINIMUM OF 2 VIEWS		3		3
General Acute Care Hospital		3		3
73540 -RADIOLOGIC EXAMINATION PELVIS AND HIPS INFANT OR CHILD MINIM		3		3
General Acute Care Hospital		3		3
73564 -Radiologic examination, knee; complete, 4 or more views		1		1
Orthopaedic Surgery		1		1
73706 -Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		1		1
General Acute Care Hospital		1		1
73721 -Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		5		5

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Diagnostic Radiology		2		2
General Acute Care Hospital		3		3
74018 -Radiologic examination, abdomen; 1 view		2		2
Children		2		2
74150 -Computed tomography, abdomen; without contrast material		3		3
General Acute Care Hospital		3		3
74160 -Computed tomography, abdomen; with contrast material(s)		4		4
General Acute Care Hospital		4		4
74170 -Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections		8		8
General Acute Care Hospital		8		8
74174 -Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		2		2
General Acute Care Hospital		2		2
74175 -Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		1		1
General Acute Care Hospital		1		1
74176 -Computed tomography, abdomen and pelvis; without contrast material		6		6
General Acute Care Hospital		5		5
Urology		1		1
74177 -Computed tomography, abdomen and pelvis; with contrast material(s)		6		6
General Acute Care Hospital		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
General Acute Care Hospital		6		6
Multi-Specialty		1		1
74181 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		3		3
General Acute Care Hospital		3		3
74182 -Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)		3		3
General Acute Care Hospital		3		3
74183 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences		8		8
General Acute Care Hospital		8		8
74185 -Magnetic resonance angiography, abdomen, with or without contrast material(s)		1		1
General Acute Care Hospital		1		1
74230 -Swallowing function, with cineradiography/videoradiography		5		5
Children		1		1
Diagnostic Radiology		1		1
General Acute Care Hospital		3		3
74240 -Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB		2		2
Children		1		1
Diagnostic Radiology		1		1
74270 -Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB		1		1
Children		1		1
74330 -Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation		1		1
Gastroenterology		1		1
74455 -Urethrocytography, voiding, radiological supervision and interpretation		1		1
General Acute Care Hospital		1		1
75557 -Cardiac magnetic resonance imaging for morphology and function without contrast material;		3		3
General Acute Care Hospital		3		3

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
75561 -Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; General Acute Care Hospital		3		3
75565 -Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure) General Acute Care Hospital		3		3
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 General Acute Care Hospital		1		1
75625 -Aortography, abdominal, by serialography, radiological supervision and interpretation Cardiovascular Disease		3		3
75630 -Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation General Acute Care Hospital		6		6
75710 -Angiography, extremity, unilateral, radiological supervision and interpretation Cardiovascular Disease		4		4
75716 -Angiography, extremity, bilateral, radiological supervision and interpretation General Acute Care Hospital		2		2
75726 -Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation Cardiovascular Disease		4		4
75774 -Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure) General Acute Care Hospital		5		5
75820 -Venography, extremity, unilateral, radiological supervision and interpretation Cardiovascular Disease		4		4
75822 -Venography, extremity, bilateral, radiological supervision and interpretation General Acute Care Hospital		2		2
75825 -Venography, caval, inferior, with serialography, radiological supervision and interpretation Thoracic Surgery (Cardiothoracic Vascular Surgery)		2		2
75894 -Transcatheter therapy, embolization, any method, radiological supervision and interpretation General Acute Care Hospital		1		1
76000 -Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time General Acute Care Hospital		1		1
76377 -3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; General Acute Care Hospital		5		5
76512 -Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan) Ophthalmology		1		1
76536 -Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation Children		2		2
76700 -Ultrasound, abdominal, real time with image documentation; complete General Acute Care Hospital		7		7
76700 -Ultrasound, abdominal, real time with image documentation; complete Children		5		5
76700 -Ultrasound, abdominal, real time with image documentation; complete Gastroenterology		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		5		5
Internal Medicine		1		1
76705 -Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)		4		4
Children		1		1
Gastroenterology		2		2
Internal Medicine		1		1
76770 -Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete		11		11
Children		7		7
General Acute Care Hospital		4		4
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
Children		11		11
Maternal & Fetal Medicine		1		1
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
Children		9		9
Maternal & Fetal Medicine		2		2
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
Children		20		20
Maternal & Fetal Medicine		7		7
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
Children		10		10
Maternal & Fetal Medicine		3		3
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
Children		30		30
Maternal & Fetal Medicine		1		1
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
Children		41		41
Maternal & Fetal Medicine		5		5
76817 -Ultrasound, pregnant uterus, real time with image documentation, transvaginal		9		9
Children		8		8
Maternal & Fetal Medicine		1		1
76819 -Fetal biophysical profile; without non-stress testing		42		42
Children		38		38
Maternal & Fetal Medicine		4		4
76820 -Doppler velocimetry, fetal; umbilical artery		10		10
Children		9		9
Maternal & Fetal Medicine		1		1
76821 -Doppler velocimetry, fetal; middle cerebral artery		8		8
Children		7		7
Maternal & Fetal Medicine		1		1
76825 -Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;		10		10
Children		8		8
Maternal & Fetal Medicine		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Pediatric Cardiology		1		1
76827 -Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete		3		3
Children		1		1
Maternal & Fetal Medicine		1		1
Pediatric Cardiology		1		1
76856 -Ultrasound, pelvic (nonobstetric), real time with image documentation; complete		1		1
Children		1		1
76857 -Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)		1		1
Children		1		1
76870 -Ultrasound, scrotum and contents		4		4
Children		3		3
General Acute Care Hospital		1		1
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
Children		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
General Acute Care Hospital		1		1
76942 -Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		7		7
Gastroenterology		2		2
General Acute Care Hospital		2		2
Internal Medicine		1		1
Interventional Pain Medicine		1		1
Pain Management		1		1
76945 -Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation		2		2
Children		2		2
76946 -Ultrasonic guidance for amniocentesis, imaging supervision and interpretation		5		5
Children		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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		3		3
77012 -Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		3		3
General Acute Care Hospital		3		3
77013 -Computed tomography guidance for, and monitoring of, parenchymal tissue ablation		1		1
General Acute Care Hospital		1		1
77014 -Computed tomography guidance for placement of radiation therapy fields		24		24
General Acute Care Hospital		3		3
Radiation Oncology		21		21
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
General Acute Care Hospital		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
77052 -Computeraided detection computer algorithm analysis of dig		2		2
General Acute Care Hospital		2		2
77057 -SCREENING MAMMOGRAPHY, BILATERAL		2		2
General Acute Care Hospital		2		2
77059 -Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral		1		1
General Acute Care Hospital		1		1
77067 -Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed		3		3
General Acute Care Hospital		3		3
77075 -Radiologic examination, osseous survey; complete (axial and appendicular skeleton)		3		3
General Acute Care Hospital		3		3
77080 -Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)		3		3
General Acute Care Hospital		3		3
77261 -Therapeutic radiology treatment planning; simple		1		1
Radiation Oncology		1		1
77262 -Therapeutic radiology treatment planning; intermediate		1		1
Radiation Oncology		1		1
77263 -Therapeutic radiology treatment planning; complex		53		53
General Acute Care Hospital		17		17
Radiation Oncology		36		36
77280 -Therapeutic radiology simulation-aided field setting; simple		30		30
General Acute Care Hospital		7		7
Radiation Oncology		23		23
77285 -Therapeutic radiology simulation-aided field setting; intermediate		1		1
Radiation Oncology		1		1
77290 -Therapeutic radiology simulation-aided field setting; complex		44		44
General Acute Care Hospital		24		24
Radiation Oncology		20		20
77293 -Respiratory motion management simulation (List separately in addition to code for primary procedure)		4		4
Radiation Oncology		4		4
77295 -3-dimensional radiotherapy plan, including dose-volume histograms		23		23
General Acute Care Hospital		5		5
Radiation Oncology		18		18
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
General Acute Care Hospital		17		17
Radiation Oncology		35		35
77301 -Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications		29		29
General Acute Care Hospital		10		10
Radiation Oncology		19		19
77306 -Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)		1		1
Radiation Oncology		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
General Acute Care Hospital		14		14
Radiation Oncology		10		10
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
Radiation Oncology		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital		1		1
77321 -Special teletherapy port plan, particles, hemibody, total body		5		5
Radiation Oncology		5		5
77327 -BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (MULTIPLANE DOSAGE)		2		2
Radiation Oncology		2		2
77331 -Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician		2		2
General Acute Care Hospital		2		2
77332 -Treatment devices, design and construction; simple (simple block, simple bolus)		4		4
General Acute Care Hospital		1		1
Radiation Oncology		3		3
77333 -Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)		2		2
Radiation Oncology		2		2
77334 -Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)		67		67
General Acute Care Hospital		25		25
Radiation Oncology		42		42
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
General Acute Care Hospital		16		16
Radiation Oncology		41		41
77338 -Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan		30		30
General Acute Care Hospital		11		11
Radiation Oncology		19		19
77370 -Special medical radiation physics consultation		13		13
General Acute Care Hospital		8		8
Radiation Oncology		5		5
77372 -Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based		1		1
Radiation Oncology		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
Radiation Oncology		1		1
77385 -Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple		9		9
General Acute Care Hospital		3		3
Radiation Oncology		6		6
77386 -Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex		24		24
General Acute Care Hospital		10		10
Radiation Oncology		14		14
77387 -Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed		29		29
General Acute Care Hospital		13		13
Radiation Oncology		16		16
77412 -Radiation treatment delivery, => 1 MeV; complex		11		11
General Acute Care Hospital		5		5
Radiation Oncology		6		6
77413 -RADIATION TREATMENT DELIVERY THREE OR MORE SEPARATE TREATMEN		3		3
Radiation Oncology		3		3
77414 -RADIATION TREATMENT DELIVERY THREE OR MORE SEPARATE TREATMEN		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Radiation Oncology 77417 -Therapeutic radiology port image(s)		2		2
General Acute Care Hospital Radiation Oncology 77418 -INTENSITY MODULATED TREATMENT DELIVERY SINGLE OR MULTIPLE FI		14		14
Radiation Oncology 77421 -STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUM		12		12
Radiation Oncology 77427 -Radiation treatment management, 5 treatments		3		3
General Acute Care Hospital Radiation Oncology 77432 -Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)		3		3
Radiation Oncology 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		5		5
Radiation Oncology 77470 -Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)		5		5
General Acute Care Hospital Radiation Oncology 77771 -Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels		16		16
Radiation Oncology 77778 -Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed		38		38
General Acute Care Hospital Radiation Oncology 77786 -HDR BRACHYTX 2-12 CHANNEL		1		1
Radiation Oncology 77790 -Supervision, handling, loading of radiation source		1		1
General Acute Care Hospital 78018 -Thyroid carcinoma metastases imaging; whole body		29		29
General Acute Care Hospital 78072 -Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization		14		14
General Acute Care Hospital 78201 -Liver imaging; static only		15		15
General Acute Care Hospital 78215 -Liver and spleen imaging; static only		1		1
Diagnostic Radiology 78227 -Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed		1		1
Children 78264 -Gastric emptying imaging study (eg, solid, liquid, or both);		1		1
General Acute Care Hospital 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);		1		1
Cardiovascular Disease General Acute Care Hospital 78458 -Venous thrombosis imaging, venogram; bilateral		2		2
General Acute Care Hospital		5		5
		1		1
		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital		2		2
78492 -Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress		11		11
Cardiovascular Disease		10		10
Interventional Cardiology		1		1
78579 -Pulmonary ventilation imaging (eg, aerosol or gas)		1		1
General Acute Care Hospital		1		1
78580 -Pulmonary perfusion imaging (eg, particulate)		1		1
General Acute Care Hospital		1		1
78582 -Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging		3		3
General Acute Care Hospital		3		3
78597 -Quantitative differential pulmonary perfusion, including imaging when performed		1		1
General Acute Care Hospital		1		1
78598 -Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed		1		1
General Acute Care Hospital		1		1
78608 -Brain imaging, positron emission tomography (PET); metabolic evaluation		1		1
Diagnostic Radiology		1		1
78813 -Positron emission tomography (PET) imaging; whole body		1		1
Diagnostic Radiology		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
Diagnostic Radiology		69		69
General Acute Care Hospital		11		11
Gynecologic Oncology		1		1
Hematology		2		2
Hematology & Oncology		6		6
Medical Oncology		19		19
Physician Assistant		1		1
Radiation Oncology		2		2
Surgical Oncology		1		1
78816 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		7		7
Diagnostic Radiology		2		2
Hematology & Oncology		2		2
Medical Oncology		3		3
79005 -Radiopharmaceutical therapy, by oral administration		4		4
General Acute Care Hospital		4		4
79445 -Radiopharmaceutical therapy, by intra-arterial particulate administration		1		1
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		2		2
80051 -Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		5		5
80100 -DRUG SCREEN; MULTIPLE DRUG CLASSES EACH PROCEDURE		1		1
General Acute Care Hospital		1		1
80101 -DRUG SCREEN; SINGLE DRUG CLASS EACH DRUG CLASS		1		1
General Acute Care Hospital		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
General Acute Care Hospital		4		4
80320 -Alcohols		5		5
General Acute Care Hospital		5		5
80321 -Alcohol biomarkers; 1 or 2		1		1
General Acute Care Hospital		1		1
80323 -Alkaloids, not otherwise specified		1		1
General Acute Care Hospital		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
General Acute Care Hospital		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
Children		4		4
General Acute Care Hospital		6		6
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
General Acute Care Hospital		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
General Acute Care Hospital		3		3
81015 -Urinalysis; microscopic only		3		3
General Acute Care Hospital		3		3
81120 -IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)		2		2
Clinical Medical Laboratory		2		2
81121 -IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)		2		2
Clinical Medical Laboratory		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
Clinical Medical Laboratory		25	1	26

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Radiation Oncology		1		1
81163 -BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		2		2
Clinical Medical Laboratory		2		2
81165 -BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		1		1
Clinical Medical Laboratory		1		1
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
Clinical Medical Laboratory		1		1
81202 -APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants		2		2
Clinical Medical Laboratory		2		2
81206 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative		2		2
General Acute Care Hospital		2		2
81210 -BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)		2		2
Clinical Medical Laboratory		1		1
General Acute Care Hospital		1		1
81216 -BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		1		1
Clinical Medical Laboratory		1		1
81218 -CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence		1		1
Clinical Medical Laboratory		1		1
81220 -CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)		1		1
Clinical Medical Laboratory		1		1
81223 -CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence		1		1
Clinical Medical Laboratory		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
Clinical Medical Laboratory		3		3
81240 -F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant		3		3
Clinical Medical Laboratory		3		3
81241 -F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant		2		2
Clinical Medical Laboratory		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
Clinical Medical Laboratory		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
Clinical Medical Laboratory		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
Clinical Medical Laboratory		1		1
81256 -HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)		6		6
Clinical Medical Laboratory		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
Clinical Medical Laboratory		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
Clinical Medical Laboratory		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
Clinical Medical Laboratory		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
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
Clinical Medical Laboratory		1		1
General Acute Care Hospital		2		2
81270 -JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant		1		1
Medical Oncology		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
Clinical Medical Laboratory		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
Clinical Medical Laboratory		3		3
General Acute Care Hospital		1		1
81276 -KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)		3		3
Clinical Medical Laboratory		2		2
General Acute Care Hospital		1		1
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
Clinical Medical Laboratory		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
Clinical Medical Laboratory		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
Clinical Medical Laboratory		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
Clinical Medical Laboratory		5		5
81298 -MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		7		7
Clinical Medical Laboratory		7		7
81300 -MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		5		5
Clinical Medical Laboratory		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
Clinical Medical Laboratory		1		1
General Acute Care Hospital		1		1
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
Clinical Medical Laboratory		2		2
81310 -NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants		1		1
Clinical Medical Laboratory		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
Clinical Medical Laboratory		4		4
General Acute Care Hospital		1		1
81317 -PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		4		4
Clinical Medical Laboratory		4		4

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
81319 -PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		6		6
Clinical Medical Laboratory		6		6
81321 -PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis		3		3
Clinical Medical Laboratory		3		3
81371 -HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)		2		2
Clinical Medical Laboratory		1		1
General Acute Care Hospital		1		1
81372 -HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)		2		2
General Acute Care Hospital		2		2
81374 -HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each		2		2
General Acute Care Hospital		2		2
81377 -HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each		2		2
General Acute Care Hospital		2		2
81379 -HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)		1		1
General Acute Care Hospital		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
Clinical Medical Laboratory		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
General Acute Care Hospital		1		1
81400 -Molecular Pathology Procedure Level 1		1		1
Clinical Medical Laboratory		1		1
81403 -Molecular Pathology Procedure Level 4		3		3
Clinical Medical Laboratory		3		3
81404 -Molecular Pathology Procedure Level 5		3		3
Clinical Medical Laboratory		3		3
81405 -Molecular Pathology Procedure Level 6		2		2
Clinical Medical Laboratory		2		2
81406 -Molecular Pathology Procedure Level 7		2		2
Clinical Medical Laboratory		2		2
81408 -Molecular Pathology Procedure Level 9		2		2
Clinical Medical Laboratory		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
Maternal & Fetal Medicine		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, mucopolysaccharidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, p		1		1
Clinical Medical Laboratory		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
Clinical Medical Laboratory		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
Clinical Medical Laboratory		2		2
81479 -Unlisted molecular pathology procedure		7		7
Children		1		1
Clinical Medical Laboratory		5		5
General Acute Care Hospital		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
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
Clinical Medical Laboratory		2		2
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		1		1
Clinical Medical Laboratory		1		1
82040 -Albumin; serum, plasma or whole blood		1		1
General Acute Care Hospital		1		1
82055 -ALCOHOL ETHANOL ANY SPECIMEN EXCEPT BREATH		2		2
General Acute Care Hospital		2		2
82103 -Alpha-1-antitrypsin; total		3		3
General Acute Care Hospital		3		3
82104 -Alpha-1-antitrypsin; phenotype		3		3
General Acute Care Hospital		3		3
82105 -Alpha-fetoprotein (AFP); serum		6		6
General Acute Care Hospital		6		6
82107 -Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)		1		1
General Acute Care Hospital		1		1
82140 -Ammonia		2		2
General Acute Care Hospital		2		2
82150 -Amylase		3		3
General Acute Care Hospital		3		3
82232 -Beta-2 microglobulin		2		2
General Acute Care Hospital		2		2
82247 -Bilirubin; total		1		1
General Acute Care Hospital		1		1
82248 -Bilirubin; direct		2		2
General Acute Care Hospital		2		2
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)		1		1
General Acute Care Hospital		1		1
82272 -Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening		1		1
General Acute Care Hospital		1		1
82306 -Vitamin D; 25 hydroxy, includes fraction(s), if performed		2		2
General Acute Care Hospital		2		2
82378 -Carcinoembryonic antigen (CEA)		3		3
General Acute Care Hospital		3		3
82390 -Ceruloplasmin		2		2
General Acute Care Hospital		2		2
82550 -Creatine kinase (CK), (CPK); total		1		1
General Acute Care Hospital		1		1
82553 -Creatine kinase (CK), (CPK); MB fraction only		1		1
General Acute Care Hospital		1		1
82570 -Creatinine; other source		1		1
General Acute Care Hospital		1		1
82575 -Creatinine; clearance		1		1
General Acute Care Hospital		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
82607 -Cyanocobalamin (Vitamin B-12); General Acute Care Hospital		1		1
82608 -Cyanocobalamin (Vitamin B-12); unsaturated binding capacity General Acute Care Hospital		1		1
82652 -Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed General Acute Care Hospital		1		1
82728 -Ferritin General Acute Care Hospital		7		7
82746 -Folic acid; serum General Acute Care Hospital		1		1
82784 -Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each General Acute Care Hospital		4		4
82803 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); General Acute Care Hospital		11		11
82805 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry General Acute Care Hospital		8		8
82947 -Glucose; quantitative, blood (except reagent strip) General Acute Care Hospital		3		3
82950 -Glucose; post glucose dose (includes glucose) General Acute Care Hospital		3		3
82951 -Glucose; tolerance test (GTT), 3 specimens (includes glucose) General Acute Care Hospital		3		3
82962 -Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use Air Transport		1		1
82977 -Glutamyltransferase, gamma (GGT) General Acute Care Hospital		2		2
83036 -Hemoglobin; glycosylated (A1C) General Acute Care Hospital		7		7
83516 -Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method General Acute Care Hospital		2		2
83540 -Iron General Acute Care Hospital		6		6
83550 -Iron binding capacity General Acute Care Hospital		7		7
83615 -Lactate dehydrogenase (LD), (LDH); General Acute Care Hospital		2		2
83690 -Lipase General Acute Care Hospital		1		1
83721 -Lipoprotein, direct measurement; LDL cholesterol General Acute Care Hospital		1		1
83735 -Magnesium General Acute Care Hospital		5		5
83883 -Nephelometry, each analyte not elsewhere specified General Acute Care Hospital		2		2
83887 -Nicotine General Acute Care Hospital		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
83893 -Molecular diagnostics dotslot blot production each nuclei		1		1
General Acute Care Hospital		1		1
83898 -Molecular diagnostics amplification target each nucleic a		1		1
General Acute Care Hospital		1		1
83970 -Parathormone (parathyroid hormone)		1		1
General Acute Care Hospital		1		1
84134 -Prealbumin		1		1
General Acute Care Hospital		1		1
84153 -Prostate specific antigen (PSA); total		2		2
General Acute Care Hospital		2		2
84154 -Prostate specific antigen (PSA); free		1		1
General Acute Care Hospital		1		1
84156 -Protein, total, except by refractometry; urine		3		3
General Acute Care Hospital		3		3
84165 -Protein; electrophoretic fractionation and quantitation, serum		2		2
General Acute Care Hospital		2		2
84166 -Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)		1		1
General Acute Care Hospital		1		1
84436 -Thyroxine; total		2		2
General Acute Care Hospital		2		2
84439 -Thyroxine; free		1		1
Medical Oncology		1		1
84443 -Thyroid stimulating hormone (TSH)		6		6
General Acute Care Hospital		6		6
84446 -Tocopherol alpha (Vitamin E)		3		3
General Acute Care Hospital		3		3
84479 -Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)		5		5
General Acute Care Hospital		5		5
84512 -Troponin, qualitative		1		1
General Acute Care Hospital		1		1
84550 -Uric acid; blood		1		1
General Acute Care Hospital		1		1
84590 -Vitamin A		3		3
General Acute Care Hospital		3		3
84630 -Zinc		2		2
General Acute Care Hospital		2		2
84703 -Gonadotropin, chorionic (hCG); qualitative		3		3
General Acute Care Hospital		3		3
85025 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count		8		8
General Acute Care Hospital		8		8
85027 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)		3		3
General Acute Care Hospital		3		3
85060 -Blood smear, peripheral, interpretation by physician with written report		1		1
General Acute Care Hospital		1		1
85097 -Bone marrow, smear interpretation		2		2
General Acute Care Hospital		2		2
85220 -Clotting; factor V (AcG or proaccelerin), labile factor		2		2
General Acute Care Hospital		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
85597 -Phospholipid neutralization; platelet		1		1
General Acute Care Hospital		1		1
85610 -Prothrombin time;		8		8
General Acute Care Hospital		8		8
85611 -Prothrombin time; substitution, plasma fractions, each		1		1
General Acute Care Hospital		1		1
85660 -Sickling of RBC, reduction		2		2
General Acute Care Hospital		2		2
85705 -Thromboplastin inhibition, tissue		1		1
General Acute Care Hospital		1		1
85730 -Thromboplastin time, partial (PTT); plasma or whole blood		3		3
General Acute Care Hospital		3		3
86038 -Antinuclear antibodies (ANA);		2		2
General Acute Care Hospital		2		2
86039 -Antinuclear antibodies (ANA); titer		1		1
General Acute Care Hospital		1		1
86146 -Beta 2 Glycoprotein I antibody, each		1		1
General Acute Care Hospital		1		1
86147 -Cardiolipin (phospholipid) antibody, each Ig class		2		2
General Acute Care Hospital		2		2
86255 -Fluorescent noninfectious agent antibody; screen, each antibody		2		2
General Acute Care Hospital		2		2
86256 -Fluorescent noninfectious agent antibody; titer, each antibody		2		2
General Acute Care Hospital		2		2
86301 -Immunoassay for tumor antigen, quantitative; CA 19-9		3		3
General Acute Care Hospital		3		3
86304 -Immunoassay for tumor antigen, quantitative; CA 125		1		1
General Acute Care Hospital		1		1
86317 -Immunoassay for infectious agent antibody, quantitative, not otherwise specified		3		3
General Acute Care Hospital		3		3
86334 -Immunofixation electrophoresis; serum		2		2
General Acute Care Hospital		2		2
86335 -Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)		2		2
General Acute Care Hospital		2		2
86376 -Microsomal antibodies (eg, thyroid or liver-kidney), each		2		2
General Acute Care Hospital		2		2
86480 -Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon		6		6
General Acute Care Hospital		6		6
86580 -Skin test; tuberculosis, intradermal		5		5
General Acute Care Hospital		5		5
86592 -Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)		5		5
General Acute Care Hospital		5		5
86593 -Syphilis test, non-treponemal antibody; quantitative		4		4
General Acute Care Hospital		4		4
86644 -Antibody; cytomegalovirus (CMV)		9		9
General Acute Care Hospital		9		9
86645 -Antibody; cytomegalovirus (CMV), IgM		8		8
General Acute Care Hospital		8		8

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
86663 -Antibody; Epstein-Barr (EB) virus, early antigen (EA) General Acute Care Hospital		4		4
86664 -Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA) General Acute Care Hospital		4		4
86665 -Antibody; Epstein-Barr (EB) virus, viral capsid (VCA) General Acute Care Hospital		5		5
86689 -Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot) General Acute Care Hospital		8		8
86694 -Antibody; herpes simplex, non-specific type test General Acute Care Hospital		1		1
86695 -Antibody; herpes simplex, type 1 General Acute Care Hospital		2		2
86696 -Antibody; herpes simplex, type 2 General Acute Care Hospital		6		6
86701 -Antibody; HIV-1 General Acute Care Hospital		4		4
86702 -Antibody; HIV-2 General Acute Care Hospital		4		4
86703 -Antibody; HIV-1 and HIV-2, single result General Acute Care Hospital		3		3
86704 -Hepatitis B core antibody (HBcAb); total General Acute Care Hospital		6		6
86705 -Hepatitis B core antibody (HBcAb); IgM antibody General Acute Care Hospital		9		9
86706 -Hepatitis B surface antibody (HBsAb) General Acute Care Hospital		2		2
86707 -Hepatitis Be antibody (HBeAb) General Acute Care Hospital		5		5
86708 -Hepatitis A antibody (HAAb) General Acute Care Hospital		1		1
86709 -Hepatitis A antibody (HAAb), IgM antibody General Acute Care Hospital		4		4
86735 -Antibody; mumps General Acute Care Hospital		4		4
86753 -Antibody; protozoa, not elsewhere specified General Acute Care Hospital		5		5
86762 -Antibody; rubella General Acute Care Hospital		1		1
86765 -Antibody; rubeola General Acute Care Hospital		2		2
86780 -Antibody; Treponema pallidum General Acute Care Hospital		6		6
86787 -Antibody; varicella-zoster General Acute Care Hospital		6		6
86788 -Antibody; West Nile virus, IgM General Acute Care Hospital		3		3
86789 -Antibody; West Nile virus General Acute Care Hospital		3		3
		5		5
		9		9
		2		2
		2		2
		2		2
		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
86790 -Antibody; virus, not elsewhere specified		2		2
General Acute Care Hospital		2		2
86803 -Hepatitis C antibody;		5		5
General Acute Care Hospital		5		5
86807 -Serum screening for cytotoxic percent reactive antibody (PRA); standard method		1		1
General Acute Care Hospital		1		1
86808 -Serum screening for cytotoxic percent reactive antibody (PRA); quick method		1		1
General Acute Care Hospital		1		1
86812 -HLA typing; A, B, or C (eg, A10, B7, B27), single antigen		1		1
General Acute Care Hospital		1		1
86813 -HLA typing; A, B, or C, multiple antigens		4		4
General Acute Care Hospital		4		4
86816 -HLA typing; DR/DQ, single antigen		1		1
General Acute Care Hospital		1		1
86821 -HLA typing; lymphocyte culture, mixed (MLC)		1		1
General Acute Care Hospital		1		1
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		2		2
General Acute Care Hospital		2		2
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		1		1
General Acute Care Hospital		1		1
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
General Acute Care Hospital		1		1
86850 -Antibody screen, RBC, each serum technique		3		3
General Acute Care Hospital		3		3
86900 -Blood typing, serologic; ABO		12		12
General Acute Care Hospital		12		12
86901 -Blood typing, serologic; Rh (D)		8		8
General Acute Care Hospital		8		8
86903 -BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT US		1		1
General Acute Care Hospital		1		1
87070 -Culture bacterial any other source except urine blood or		1		1
General Acute Care Hospital		1		1
87181 -SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT AGAR DILUTION M		1		1
General Acute Care Hospital		1		1
87190 -SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT MYCOBACTERIA P		1		1
General Acute Care Hospital		1		1
87273 -INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH		1		1
General Acute Care Hospital		1		1
87274 -INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH		1		1
General Acute Care Hospital		1		1
87340 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC		6		6
General Acute Care Hospital		6		6
87341 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC		4		4
General Acute Care Hospital		4		4
87350 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		1		1
87380 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC		1		1
General Acute Care Hospital		1		1
87389 -Infectious agent antigen detection by enzyme immunoassay tec		1		1
General Acute Care Hospital		1		1
87497 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA CYT		1		1
General Acute Care Hospital		1		1
87517 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA HEP		1		1
General Acute Care Hospital		1		1
87522 -Infectious agent detection by nucleic acid DNA or RNA hep		10		10
General Acute Care Hospital		10		10
87529 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA HER		1		1
General Acute Care Hospital		1		1
87534 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA HIV		2		2
General Acute Care Hospital		2		2
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
General Acute Care Hospital		2		2
87799 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA NOT		1		1
General Acute Care Hospital		1		1
87902 -Infectious agent genotype analysis by nucleic acid DNA or R		6		6
General Acute Care Hospital		6		6
88108 -CYTOPATHOLOGY CONCENTRATION TECHNIQUE SMEARS AND INTERPRET		1		1
General Acute Care Hospital		1		1
88143 -CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COL		3		3
General Acute Care Hospital		3		3
88150 -CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; MANUAL SCREENING U		1		1
General Acute Care Hospital		1		1
88184 -FLOW CYTOMETRY CELL SURFACE CYTOPLASMIC OR NUCLEAR MARKER		1		1
General Acute Care Hospital		1		1
88237 -TISSUE CULTURE FOR NEOPLASTIC DISORDERS BONE MARROW BLOOD		2		2
Clinical Medical Laboratory		1		1
General Acute Care Hospital		1		1
88240 -CRYOPRESERVATION FREEZING AND STORAGE OF CELLS EACH CELL LIN		1		1
General Acute Care Hospital		1		1
88264 -CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS		2		2
Clinical Medical Laboratory		1		1
General Acute Care Hospital		1		1
88271 -MOLECULAR CYTOGENETICS DNA PROBE EACH EG FISH		1		1
General Acute Care Hospital		1		1
88275 -MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION ANA		1		1
General Acute Care Hospital		1		1
88305 -LEVEL IV SURGICAL PATHOLOGY GROSS AND MICROSCOPIC EXAMINA		2		2
General Acute Care Hospital		2		2
88311 -DECALCIFICATION PROCEDURE LIST SEPARATELY IN ADDITION TO CO		2		2
General Acute Care Hospital		2		2
88313 -Special stain including interpretation and report Group II		2		2
General Acute Care Hospital		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
88321 -CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE		2		2
Clinical Medical Laboratory		1		1
General Acute Care Hospital		1		1
88325 -CONSULTATION COMPREHENSIVE WITH REVIEW OF RECORDS AND SPECIM		1		1
Gastroenterology		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
Clinical Medical Laboratory		2		2
88342 -IMMUNOHISTOCHEMISTRY INCLUDING TISSUE IMMUNOPEROXIDASE EA		3		3
Clinical Medical Laboratory		2		2
General Acute Care Hospital		1		1
88360 -MORPHOMETRIC ANALYSIS TUMOR IMMUNOHISTOCHEMISTRY EG HER2		5		5
Clinical Medical Laboratory		4		4
General Acute Care Hospital		1		1
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
General Acute Care Hospital		1		1
88365 -IN SITU HYBRIDIZATION EG FISH EACH PROBE		1		1
General Acute Care Hospital		1		1
88381 -MICRODISSECTION MANUAL		1		1
General Acute Care Hospital		1		1
90396 -Varicella-zoster immune globulin, human, for intramuscular use		1		1
General Acute Care Hospital		1		1
90636 -Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use		1		1
General Acute Care Hospital		1		1
90646 -HEMOPHILUS INFLUENZA B VACCINE (HIB) PRP-D CONJUGATE FOR BOO		1		1
General Acute Care Hospital		1		1
90700 -Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use		1		1
General Acute Care Hospital		1		1
90713 -Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use		1		1
General Acute Care Hospital		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
General Acute Care Hospital		1		1
90740 -Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use		1		1
General Acute Care Hospital		1		1
90744 -Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use		1		1
General Acute Care Hospital		1		1
90747 -Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use		1		1
General Acute Care Hospital		1		1
90748 -Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use		1		1
General Acute Care Hospital		1		1
90791 -Psychiatric diagnostic evaluation		3		3
Psychiatric Hospital		3		3
90832 -Psychotherapy, 30 minutes with patient		1		1
Psychiatry		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
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
Psychiatry	1			1
90834 -Psychotherapy, 45 minutes with patient		2		2
Psychiatric Hospital	1			1
Psychiatry	1			1
90837 -Psychotherapy, 60 minutes with patient		1	1	2
Psychiatric Hospital	1	1		2
90847 -Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes		1		1
Psychiatry	1			1
90853 -Group psychotherapy (other than of a multiple-family group)		1		1
Psychiatry	1			1
90867 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management		3		3
Clinic/Center	1			1
Psychiatry	2			2
90868 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session		3		3
Clinic/Center	1			1
Psychiatry	2			2
90869 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management		2		2
Clinic/Center	1			1
Psychiatry	1			1
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
General Acute Care Hospital	1			1
91110 -Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report		9		9
Gastroenterology	9			9
91112 -Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report		1		1
Gastroenterology	1			1
91122 -Anorectal manometry		1		1
Gastroenterology	1			1
91200 -Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report		3		3
Gastroenterology	2			2
Internal Medicine	1			1
92002 -Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient		2		2
Ophthalmology	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
Ophthalmology	4			4
92012 -Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient		1		1
Ophthalmology	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
Ophthalmology	6			6
92071 -Fitting of contact lens for treatment of ocular surface disease		24		24

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Ambulatory Surgical		3		3
Ophthalmology		21		21
92083 -Visual field examination, unilateral or bilateral, with interpretation and report; extended examination		2		2
Ophthalmology		2		2
92134 -Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina		12		12
Ophthalmology		12		12
92136 -Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation		2		2
Ambulatory Surgical		1		1
General Acute Care Hospital		1		1
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
Ophthalmology		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
Ophthalmology		2		2
92226 -Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent		1		1
Ophthalmology		1		1
92235 -Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral		4		4
Ophthalmology		4		4
92250 -Fundus photography with interpretation and report		4		4
Audiologist-Hearing Aid Fitter		1		1
Ophthalmology		3		3
92504 -Binocular microscopy (separate diagnostic procedure)		1		1
Otolaryngology		1		1
92507 -Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		20		20
Assisted Living Facility		1		1
Children		3		3
General Acute Care Hospital		5		5
Home Health		1		1
Rehabilitation Hospital		3		3
Speech-Language Pathologist		7		7
92508 -Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals		1		1
Assisted Living Facility		1		1
92522 -Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);		1		1
Rehabilitation Hospital		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
Children		3		3
92526 -Treatment of swallowing dysfunction and/or oral function for feeding		3		3
Assisted Living Facility		1		1
General Acute Care Hospital		1		1
Rehabilitation Hospital		1		1
92532 -Positional nystagmus test		1		1
General Acute Care Hospital		1		1
92550 -Tympanometry and reflex threshold measurements		1		1
Audiologist-Hearing Aid Fitter		1		1
92552 -Pure tone audiometry (threshold); air only		3		3
Children		3		3

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
92553 -Pure tone audiometry (threshold); air and bone		3		3
Children		3		3
92555 -Speech audiometry threshold;		3		3
Children		3		3
92557 -Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)		3		3
Audiologist-Hearing Aid Fitter		2		2
Otolaryngology		1		1
92567 -Tympanometry (impedance testing)		9		9
Children		9		9
92579 -Visual reinforcement audiometry (VRA)		2		2
Children		2		2
92582 -Conditioning play audiometry		4		4
Children		4		4
92583 -Select picture audiometry		3		3
Children		3		3
92585 -Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive		1		1
Children		1		1
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
Children		9		9
92610 -Evaluation of oral and pharyngeal swallowing function		2		2
Children		1		1
Rehabilitation Hospital		1		1
92611 -Motion fluoroscopic evaluation of swallowing function by cine or video recording		3		3
Children		1		1
General Acute Care Hospital		2		2
92928 -Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch		2		2
General Acute Care Hospital		2		2
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)		1		1
General Acute Care Hospital		1		1
93000 -Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		13		13
Cardiovascular Disease		1		1
Children		6		6
General Acute Care Hospital		5		5
Pediatric Cardiology		1		1
93005 -Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report		8		8
Children		1		1
General Acute Care Hospital		7		7
93010 -Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only		6		6
General Acute Care Hospital		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
Cardiovascular Disease		1		1
General Acute Care Hospital		4		4
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

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		3		3
93041 -Rhythm ECG, 1-3 leads; tracing only without interpretation and report		1		1
Air Transport		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
Cardiovascular		1		1
Cardiovascular Disease		1		1
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
Cardiovascular Disease		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
Cardiovascular Disease		1		1
General Acute Care Hospital		1		1
93296 -Interrogation device evaluation(s) (remote), up to 90 days;		3		3
Clinic/Center		3		3
93303 -Transthoracic echocardiography for congenital cardiac anomalies; complete		18		18
Children		13		13
General Acute Care Hospital		4		4
Pediatric Cardiology		1		1
93304 -Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study		16		16
Children		13		13
General Acute Care Hospital		3		3
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
Cardiovascular Disease		3		3
Children		12		12
General Acute Care Hospital		17		17
General Surgery		1		1
Pediatric Cardiology		2		2
93307 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		17		17
Children		12		12
General Acute Care Hospital		5		5
93308 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study		2		2
General Acute Care Hospital		2		2
93312 -Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		2		2
General Acute Care Hospital		2		2
93317 -Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only		1		1
General Acute Care Hospital		1		1
93320 -Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete		4		4
Children		3		3
Pediatric Cardiology		1		1
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)		2		2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Children		2		2
93325 -Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)		12		12
Children		10		10
Pediatric Cardiology		2		2
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,		5		5
General Acute Care Hospital		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,		3		3
General Acute Care Hospital		3		3
93451 -Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed		6		6
General Acute Care Hospital		6		6
93452 -Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed		5		5
General Acute Care Hospital		5		5
93453 -Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed		9		9
General Acute Care Hospital		9		9
93454 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;		1		1
General Acute Care Hospital		1		1
93455 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;		1		1
General Acute Care Hospital		1		1
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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		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
General Acute Care Hospital		1		1
93462 -Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)		2		2
General Acute Care Hospital		2		2
93580 -Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant		1		1
Children		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital		2		2
93613 -Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)		5		5
Clinical Cardiac Electrophysiology		1		1
General Acute Care Hospital		4		4
93620 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;		1		1
General Acute Care Hospital		1		1
93621 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;		3		3
General Acute Care Hospital		3		3
93622 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;		3		3
General Acute Care Hospital		3		3
93623 -Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)		7		7
Clinical Cardiac Electrophysiology		1		1
General Acute Care Hospital		6		6
93650 -Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement		1		1
General Acute Care Hospital		1		1
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		3		3
General Acute Care Hospital		3		3
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		1		1
General Acute Care Hospital		1		1
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		4		4
Clinical Cardiac Electrophysiology		1		1
General Acute Care Hospital		3		3
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		3		3
General Acute Care Hospital		3		3
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)		1		1
General Acute Care Hospital		1		1
93662 -Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)		1		1
General Acute Care Hospital		1		1
93880 -Duplex scan of extracranial arteries; complete bilateral study		4		4
General Acute Care Hospital		4		4
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		1		1
Cardiovascular Disease		1		1
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		3		3
General Acute Care Hospital		3		3

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
93925 -Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study		1		1
General Acute Care Hospital		1		1
93975 -Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study		7		7
Children		3		3
General Acute Care Hospital		4		4
93976 -Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study		3		3
Gastroenterology		2		2
Internal Medicine		1		1
94010 -Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		6		6
General Acute Care Hospital		6		6
94060 -Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		14		14
Children		2		2
General Acute Care Hospital		11		11
Pediatric Pulmonology		1		1
94070 -Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)		1		1
General Acute Care Hospital		1		1
94375 -Respiratory flow volume loop		7		7
Children		3		3
General Acute Care Hospital		1		1
Pediatric Pulmonology		3		3
94617 -Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry		3		3
Children		2		2
Pediatric Pulmonology		1		1
94618 -Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed		1		1
General Acute Care Hospital		1		1
94620 -PULMONARY STRESS TESTING SIMPLE EG 6MINUTE WALK TEST PR		1		1
General Acute Care Hospital		1		1
94621 -Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings		3		3
General Acute Care Hospital		3		3
94664 -Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device		5		5
Children		2		2
General Acute Care Hospital		1		1
Pediatric Pulmonology		2		2
94726 -Plethysmography for determination of lung volumes and, when performed, airway resistance		5		5
General Acute Care Hospital		5		5
94727 -Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes		2		2
General Acute Care Hospital		2		2
94729 -Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)		7		7
General Acute Care Hospital		7		7
94760 -Noninvasive ear or pulse oximetry for oxygen saturation; single determination		1		1
Pediatric Pulmonology		1		1
94799 -Unlisted pulmonary service or procedure		1		1
General Acute Care Hospital		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

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Allergy & Immunology		1		1
95070 -Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds		1		1
General Acute Care Hospital		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
Neurology		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
Neurology		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
General Acute Care Hospital		2		2
95782 -Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		1		1
Children		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
Durable Medical Equipment & Medical Supplies		2		2
Sleep Disorder Diagnostic		1		1
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
Clinic/Center		1		1
Sleep Disorder Diagnostic		1		1
95806 -Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)		18		18
Clinic/Center		1		1
Diagnostic Radiology		1		1
General Acute Care Hospital		3		3
Internal Medicine		3		3
Pulmonary Disease		3		3
Sleep Disorder Diagnostic		7		7
95807 -Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist		11		11
Sleep Disorder Diagnostic		11		11
95808 -Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist		1		1
Sleep Disorder Diagnostic		1		1
95810 -Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		164		164
Clinic/Center		3		3
General Acute Care Hospital		13		13
Physiological Laboratory		1		1
Pulmonary Disease		14		14
Sleep Disorder Diagnostic		133		133
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		186		186
Clinic/Center		1		1
Family Medicine		1		1
General Acute Care Hospital		15		15
Physiological Laboratory		1		1
Pulmonary Disease		15		15

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Sleep Disorder Diagnostic		153		153
95816 -Electroencephalogram (EEG); including recording awake and drowsy		2	1	3
Children		1		1
Clinic/Center			1	1
General Acute Care Hospital		1		1
95861 -Needle electromyography; 2 extremities with or without related paraspinal areas		2		2
Ambulatory Surgical		1		1
Neurology		1		1
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		1		1
Neurology		1		1
95872 -Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied		1		1
General Acute Care Hospital		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)		2		2
Neurology		2		2
95886 -Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study;		1		1
Orthopaedic Surgery		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)		2		2
Neurology		1		1
Orthopaedic Surgery		1		1
95910 -Nerve conduction studies; 7-8 studies		1		1
Orthopaedic Surgery		1		1
95912 -Nerve conduction studies; 11-12 studies		1		1
Orthopaedic Surgery		1		1
95913 -Nerve conduction studies; 13 or more studies		2		2
Neurology		1		1
Orthopaedic Surgery		1		1
95930 -Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report		1		1
Ophthalmology		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		2		2
Ambulatory Surgical		1		1
Neurology		1		1
95939 -Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs		1		1
Neurology		1		1
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)		3		3
Ambulatory Surgical		1		1
Chiropractor		1		1
Neurology		1		1
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		1		1
General Acute Care Hospital		1		1
95992 -Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day		6		6

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Physical Therapy		6		6
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		1		1
Neurology		1		1
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
Assisted Living Facility		1		1
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
Neurology		1		1
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
Neurology		1		1
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
Neurology		1		1
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
Neurology		1		1
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		2		2
Neurology		2		2
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)		2		2
Neurology		2		2
96360 -Intravenous infusion, hydration; initial, 31 minutes to 1 hour		2		2
General Acute Care Hospital		1		1
Hematology & Oncology		1		1
96361 -Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)		2		2
General Acute Care Hospital		2		2
96365 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour		33		33
Children		2		2
General Acute Care Hospital		12		12
Hematology & Oncology		11		11
Home Infusion Therapy Pharmacy		5		5
Infectious Disease		1		1
Medical Oncology		1		1
Pediatric Gastroenterology		1		1
96366 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)		14		14
Children		2		2
General Acute Care Hospital		6		6
Hematology & Oncology		3		3
Infectious Disease		1		1
Medical Oncology		1		1
Pediatric Gastroenterology		1		1
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)		22		22

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		9		9
Hematology & Oncology		13		13
96368 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)		2		2
Hematology & Oncology		2		2
96372 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		13		13
Family Medicine		1		1
General Acute Care Hospital		2		2
Hematology & Oncology		9		9
Medical Oncology		1		1
96373 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial		1		1
Hematology & Oncology		1		1
96374 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug		4		4
General Acute Care Hospital		3		3
Hematology & Oncology		1		1
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)		10		10
General Acute Care Hospital		6		6
Hematology & Oncology		3		3
Rheumatology		1		1
96377 -Application of on-body injector (includes cannula insertion) for timed subcutaneous injection		1		1
General Acute Care Hospital		1		1
96401 -Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic		11		11
Family Medicine		1		1
General Acute Care Hospital		1		1
Internal Medicine		4		4
Rheumatology		5		5
96402 -Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic		4		4
Hematology & Oncology		1		1
Urology		3		3
96409 -Chemotherapy administration; intravenous, push technique, single or initial substance/drug		1		1
Hematology & Oncology		1		1
96411 -Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)		4		4
General Acute Care Hospital		2		2
Hematology & Oncology		2		2
96413 -Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug		46		46
Gastroenterology		1		1
General Acute Care Hospital		18		18
Hematology & Oncology		16		16
Rheumatology		11		11
96415 -Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)		24		24
General Acute Care Hospital		8		8
Hematology & Oncology		10		10
Rheumatology		6		6
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

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		5		5
Hematology & Oncology		2		2
Medical Oncology		6		6
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
General Acute Care Hospital		6		6
Hematology & Oncology		6		6
96420 -Chemotherapy administration, intra-arterial; push technique		2		2
General Acute Care Hospital		2		2
96450 -Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture		2		2
General Acute Care Hospital		2		2
96523 -Irrigation of implanted venous access device for drug delivery systems		3		3
General Acute Care Hospital		3		3
97010 -Application of a modality to 1 or more areas; hot or cold packs		60		60
Chiropractor		4		4
General Acute Care Hospital		42		42
Multi-Specialty		6		6
Orthopaedic Surgery		1		1
Physical Therapy		7		7
97012 -Application of a modality to 1 or more areas; traction, mechanical		92		92
Chiropractor		17		17
General Acute Care Hospital		16		16
Multi-Specialty		7		7
Physical Therapy		52		52
97014 -APPLICATION OF A MODALITY TO 1 OR MORE AREAS ELECTRICAL STI		163		163
Chiropractor		70		70
General Acute Care Hospital		39		39
Multi-Specialty		9		9
Orthopedic		7		7
Physical Therapy		38		38
97016 -Application of a modality to 1 or more areas; vasopneumatic devices		142		142
General Acute Care Hospital		1		1
Multi-Specialty		9		9
Physical Therapy		122		122
Rehabilitation Hospital		10		10
97018 -Application of a modality to 1 or more areas; paraffin bath		8		8
General Acute Care Hospital		3		3
Physical Therapy		5		5
97022 -Application of a modality to 1 or more areas; whirlpool		7		7
General Acute Care Hospital		1		1
Physical Therapy		6		6
97024 -Application of a modality to 1 or more areas; diathermy (eg, microwave)		3		3
Skilled Nursing Facility		3		3
97026 -Application of a modality to 1 or more areas; infrared		2		2
Physical Therapy		2		2
97032 -Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes		45		45
Chiropractor		5		5
General Acute Care Hospital		18		18

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Multi-Specialty		6		6
Physical Therapy		9		9
Rehabilitation Hospital		7		7
97033 -Application of a modality to 1 or more areas; iontophoresis, each 15 minutes		2		2
General Acute Care Hospital		2		2
97035 -Application of a modality to 1 or more areas; ultrasound, each 15 minutes		196		196
Chiropractor		5		5
General Acute Care Hospital		27		27
Multi-Specialty		9		9
Orthopedic		5		5
Physical Therapy		150		150
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
Assisted Living Facility		1		1
Children		4		4
Chiropractor		97		97
Family Medicine		1		1
General Acute Care Hospital		121		121
Multi-Specialty		9		9
Orthopaedic Surgery		1		1
Orthopedic		28		28
Physical Therapy		422	1	423
Rehabilitation Hospital		60	1	61
Skilled Nursing Facility		5		5
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
Assisted Living Facility		1		1
Children		4		4
General Acute Care Hospital		52		52
Multi-Specialty		9		9
Orthopedic		11		11
Physical Therapy		310		310
Rehabilitation Hospital		13		13
Skilled Nursing Facility		4		4
97113 -Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises		143		143
General Acute Care Hospital		18		18
Multi-Specialty		9		9
Physical Therapy		116		116
97116 -Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		119		119
Children		1		1
General Acute Care Hospital		54		54
Multi-Specialty		9		9
Orthopedic		4		4
Physical Therapy		39		39
Rehabilitation Hospital		9		9
Skilled Nursing Facility		3		3
97124 -Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)		12		12

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Chiropractor		7		7
General Acute Care Hospital		1		1
Physical Therapy		4		4
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
Assisted Living Facility		1		1
Rehabilitation Hospital		4		4
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
Assisted Living Facility		1		1
Rehabilitation Hospital		2		2
97140 -Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	594	1		595
Children		4		4
Chiropractor		8		8
Family Medicine		1		1
General Acute Care Hospital		99		99
Multi-Specialty		9		9
Orthopaedic Surgery		1		1
Orthopedic		28		28
Physical Therapy		387	1	388
Rehabilitation Hospital		52		52
Skilled Nursing Facility		5		5
97150 -Therapeutic procedure(s), group (2 or more individuals)	46			46
General Acute Care Hospital		19		19
Orthopedic		8		8
Physical Therapy		19		19
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
Behavioral Analyst		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
Behavioral Analyst		2		2
Community/Behavioral Health		2		2
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
Behavioral Analyst		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
Behavioral Analyst		2		2
Community/Behavioral Health		2		2
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
Behavioral Analyst		3		3
Community/Behavioral Health		2		2
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
General Acute Care Hospital		1		1
Multi-Specialty		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Orthopedic		6		6
Physical Therapy		4	1	5
Rehabilitation Hospital		1		1
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
Children		2		2
Family Medicine		1		1
Multi-Specialty		1		1
Orthopedic		7		7
Physical Therapy		10	1	11
Rehabilitation Hospital		6		6
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
Children		3		3
Multi-Specialty		1		1
Orthopedic		1		1
Physical Therapy		4	1	5
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
Children		1		1
Family Medicine		1		1
General Acute Care Hospital		27		27
Multi-Specialty		7		7
Orthopedic		19		19
Physical Therapy		292		292
Rehabilitation Hospital		1		1
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
Skilled Nursing Facility		1		1
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		1		1
Children		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		10		10
General Acute Care Hospital		1		1
Physical Therapy		8		8
Rehabilitation Hospital		1		1
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		1		1
Orthopaedic Surgery		1		1
97530 -Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		458	1	459
Assisted Living Facility		1		1
Children		4		4
General Acute Care Hospital		71		71
Multi-Specialty		9		9
Occupational Therapist		1		1
Orthopedic		12		12
Physical Therapy		296	1	297

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Rehabilitation Hospital		59		59
Skilled Nursing Facility		5		5
97532 -Development of cognitive skills to improve attention memory		2		2
Rehabilitation Hospital		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		42		42
Children		1		1
General Acute Care Hospital		6		6
Orthopedic		8		8
Physical Therapy		21		21
Rehabilitation Hospital		4		4
Skilled Nursing Facility		2		2
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),		1		1
Rehabilitation Hospital		1		1
97542 -Wheelchair management (eg, assessment, fitting, training), each 15 minutes		3		3
Skilled Nursing Facility		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		6	1	7
General Acute Care Hospital		2	1	3
General Surgery		1		1
Physical Therapy		3		3
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		4	1	5
General Acute Care Hospital			1	1
General Surgery		1		1
Physical Therapy		3		3
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
General Acute Care Hospital		1		1
97750 -Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes		5		5
General Acute Care Hospital		2		2
Physical Therapy		3		3
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
Children		1		1
General Acute Care Hospital		4		4
Rehabilitation Hospital		3		3
Skilled Nursing Facility		1		1
97762 -CHECKOUT FOR ORTHOTICPROSTHETIC USE ESTABLISHED PATIENT E		1		1
General Acute Care Hospital		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
General Acute Care Hospital		1		1
Rehabilitation Hospital		1		1
97802 -Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes		1		1
Physical Therapy		1		1
98940 -Chiropractic manipulative treatment (CMT); spinal, 1-2 regions		43		43

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Chiropractor 98941 -Chiropractic manipulative treatment (CMT); spinal, 3-4 regions		43		43
	125			125
Chiropractor 98942 -Chiropractic manipulative treatment (CMT); spinal, 5 regions		125		125
	8			8
Chiropractor 98943 -Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions		8		8
	53			53
Chiropractor 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		53		53
	7			7
General Acute Care Hospital 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		7		7
	1			1
Urology 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,		1		1
	4			4
Cardiovascular Disease General Acute Care Hospital		1		1
		2		2
Thoracic Surgery (Cardiothoracic Vascular Surgery) 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,		1		1
	2			2
Cardiovascular Disease Thoracic Surgery (Cardiothoracic Vascular Surgery) 99156 -Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports;		1		1
	1			1
Thoracic Surgery (Cardiothoracic Vascular Surgery) 99201 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination		1		1
	9			9
Audiologist-Hearing Aid Fitter Children		2		2
		1		1
Chiropractor		2		2
Gastroenterology		2		2
General Acute Care Hospital		1		1
Neurology 99202 -Office or other outpatient 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; Straightforward medical decision making. Counseling a		1		1
	24	1		25
Children		5		5
Chiropractor		15		15
General Acute Care Hospital		1	1	2
General Surgery		1		1
Neurological Surgery		1		1
Orthopaedic Surgery 99203 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with		1		1
	83	2	1	86
Cardiovascular Disease		2		2
Children		43		43
Chiropractor		5		5
Clinic/Center			1	1
Female Pelvic Medicine and Reconstructive Surgery		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Gastroenterology	2			2
General Acute Care Hospital	3	1		4
Gynecologic Oncology	1			1
Hematology & Oncology		1		1
Infectious Disease	1			1
Medical Oncology	1			1
Neurology	6			6
Optometrist	1			1
Orthopaedic Surgery	1			1
Otolaryngology	2			2
Pediatric Gastroenterology	1			1
Pediatric Neurology	1			1
Pediatric Otolaryngology	1			1
Plastic and Reconstructive Surgery	1			1
Pulmonary Disease	1			1
Urology	8			8
Vascular & Interventional Radiology	1			1
99204 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordinatio	46	3	1	50
Allergy & Immunology	1			1
Cardiovascular Disease	3			3
Children	2			2
Diagnostic Radiology	1			1
Endocrinology, Diabetes & Metabolism	2			2
Facial Plastic Surgery	1			1
Female Pelvic Medicine and Reconstructive Surgery	1			1
Gastroenterology	1	1		2
General Acute Care Hospital	5	1	1	7
Gynecologic Oncology	3			3
Infectious Disease	1			1
Medical Oncology	1	1		2
Neurology	2			2
Ophthalmology	4			4
Orthopaedic Surgery	2			2
Otolaryngology	1			1
Pediatric Nephrology	1			1
Pediatric Neurology	1			1
Plastic and Reconstructive Surgery	1			1
Psychiatry	1			1
Urology	10			10
Vascular Surgery	1			1
99205 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of	44	2	1	47
Cardiovascular Disease	3			3
Children	2			2
Clinical Medical Laboratory	1			1
Clinical Neuropsychologist	1			1
Family Medicine	1			1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Gastroenterology	4			4
General Acute Care Hospital	8		1	9
General Surgery	1			1
Hand Surgery	2			2
Hematology & Oncology	1	1		2
Medical Oncology	2			2
Oral and Maxillofacial Surgery	1			1
Orthopaedic Surgery	3			3
Pediatric Allergy	2			2
Pediatric Cardiology	1			1
Pediatric Gastroenterology	1			1
Pediatric Pulmonology	2			2
Pediatric Surgery	1			1
Pediatric Urology	1			1
Plastic and Reconstructive Surgery	2			2
Psychiatry	1	1		2
Surgical Oncology	1			1
Urology	2			2
99211 -Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minute	9		1	10
Children	3			3
Gastroenterology	1			1
General Acute Care Hospital	4		1	5
Plastic and Reconstructive Surgery	1			1
99212 -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 problem focused history; A problem focused examination; Straightforward medical decision making. Counselin	26	1	1	28
Behavioral Analyst	3	1		4
Children	5			5
Chiropractor	5			5
Gastroenterology	1			1
General Acute Care Hospital	2		1	3
Ophthalmology	1			1
Pediatric Nephrology	1			1
Psychiatry	8			8
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
Ambulance	1			1
Anesthesiology	1			1
Behavioral Analyst	3	1		4
Cardiovascular Disease	2			2
Children	145			145
Dermatology	1			1
Endocrinology, Diabetes & Metabolism		1		1
Gastroenterology	3			3
General Acute Care Hospital	4	1	1	6
General Surgery	1			1
Gynecologic Oncology	1			1
Infectious Disease	1			1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Internal Medicine	1			1
Maternal & Fetal Medicine	8			8
Medical Oncology	1			1
Neurology	2			2
Ophthalmology	2			2
Oral and Maxillofacial Surgery	1			1
Orthopaedic Surgery	2			2
Otolaryngology	4			4
Pediatric Allergy	1			1
Pediatric Gastroenterology	1			1
Pediatric Nephrology	2			2
Pediatric Neurology	2			2
Pediatric Pulmonology	4			4
Pediatric Urology	3			3
Plastic and Reconstructive Surgery	1			1
Psychiatry	11			11
Rheumatology	2			2
Urology	5			5
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
Anesthesiology	1			1
Behavioral Analyst	3	1		4
Cardiovascular Disease	3			3
Children	7			7
Endocrinology, Diabetes & Metabolism	1	1		2
Female Pelvic Medicine and Reconstructive Surgery	1			1
Gastroenterology	5	1		6
General Acute Care Hospital	20		1	21
General Surgery	1			1
Gynecologic Oncology	2			2
Hematology & Oncology	1			1
Infectious Disease	1			1
Internal Medicine	1			1
Maternal & Fetal Medicine	2			2
Medical Oncology	3			3
Nephrology	1			1
Neurology	6			6
Ophthalmology	2			2
Orthopaedic Surgery	2			2
Otolaryngology	2			2
Pediatric Cardiology	2			2
Pediatric Gastroenterology	1			1
Pediatric Nephrology	2			2
Pediatric Neurology	1			1
Pediatric Pulmonology	1			1
Psychiatry	15			15
Pulmonary Disease	1			1
Urology	9			9

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
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
Behavioral Analyst	4	1		5
Cardiovascular Disease	4			4
Children	4			4
Clinical Medical Laboratory	1			1
Clinical Neuropsychologist	1			1
Gastroenterology	6			6
General Acute Care Hospital	6		1	7
General Surgery	3			3
Hand Surgery	2			2
Hematology & Oncology	1			1
Maternal & Fetal Medicine	1			1
Medical Oncology	2			2
Nephrology	1			1
Neurology	1			1
Oral and Maxillofacial Surgery	1			1
Orthopaedic Surgery	1			1
Orthopedic	1			1
Otolaryngology	1			1
Otology & Neurotology	1			1
Pediatric Allergy	2			2
Pediatric Cardiology	1			1
Pediatric Nephrology	2			2
Pediatric Pulmonology	1			1
Pediatric Surgery	1			1
Pediatric Urology	1			1
Plastic and Reconstructive Surgery	3			3
Psychiatry	10	1		11
Surgical Oncology	1			1
Transplant Hepatology	1			1
Urology	2			2
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
General Acute Care Hospital	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
Gastroenterology	1			1
Neurology	1			1
Pediatric Surgery	1			1
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
Neurology	1			1
Pediatric Gastroenterology	1			1
Pediatric Surgery	1			1
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
Children	19			19

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Facial Plastic Surgery		1		1
Gastroenterology		1		1
Maternal & Fetal Medicine		5		5
Neurology		2		2
Orthopaedic Surgery		2		2
Otolaryngology		2		2
Otology & Neurotology		1		1
Pediatric Cardiology		4		4
Pediatric Gastroenterology		2		2
Pediatric Surgery		1		1
Radiation Oncology		2		2
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
Children		1		1
Community/Behavioral Health			1	1
Endocrinology, Diabetes & Metabolism		3		3
Family Medicine			1	1
Gastroenterology		2		2
General Acute Care Hospital		10		10
General Surgery		1		1
Hematology & Oncology		1		1
Maternal & Fetal Medicine		2		2
Medical Oncology		2		2
Neurological Surgery		1		1
Neurology		4		4
Neuro-Ophthalmology		1		1
Ophthalmology		5		5
Optometrist		3		3
Orthopaedic Surgery		4		4
Otolaryngology		4		4
Pain Management		1		1
Pediatric Cardiology		2		2
Pediatric Endocrinology		1		1
Pediatric Gastroenterology		1		1
Pediatric Nephrology		1		1
Pediatrics Orthopedic		1		1
Psychiatry		7	1	8
Pulmonary Disease		2		2
Radiation Oncology		5		5
Rheumatology		1	1	2
Transplant Hepatology		1		1
Urology		3		3
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
Gastroenterology		1		1
General Acute Care Hospital		5		5
Maternal & Fetal Medicine		1		1
Neurology		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
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		1		1
Maternal & Fetal Medicine		1		1
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		2		2
General Acute Care Hospital		2		2
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		1		1
General Acute Care Hospital		1		1
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		3		3
General Acute Care Hospital		3		3
99499 -Unlisted evaluation and management service		20		20
Cardiovascular Disease		1		1
Children		1		1
Gastroenterology		1		1
General Acute Care Hospital		3		3
Internal Medicine		1		1
Nephrology		2		2
Neurology		1		1
Ophthalmology		3		3
Orthopaedic Surgery		3		3
Pediatric Neurology		1		1
Psychiatry		1		1
Specialist		2		2
99601 -Home Infusion Therapy Pharmacy/specialty drug administration, per visit (up to 2 hours);		3		3
Home Infusion Therapy Pharmacy		3		3
99601 -Home infusion/specialty drug administration, per visit (up to 2 hours);		5		5
Pharmacy		5		5
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)		2		2
Home Infusion Therapy Pharmacy		2		2
99602 -Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)		5		5
Pharmacy		5		5
A0382 -BLS routine disposable supplies		1		1
Ambulance		1		1
A0394 -ALS specialized service disposable supplies; IV drug therapy		1		1
Air Transport		1		1
A0398 -ALS routine disposable supplies		1		1
Air Transport		1		1
A0422 -Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation		1		1
Air Transport		1		1
A0425 -Ground mileage, per statute mile		1		1
Ambulance		1		1
A0428 -Ambulance service, basic life support, nonemergency transport, (BLS)		1		1
Ambulance		1		1
A0431 -Ambulance service, conventional air services, transport, one way (rotary wing)		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Air Transport		1		1
A0436 -Rotary wing air mileage, per statute mile		1		1
Air Transport		1		1
A4216 -Sterile water, saline and/or dextrose, diluent/flush, 10 ml		4		4
Home Infusion Therapy Pharmacy		4		4
A4220 -Refill kit for implantable infusion pump		1		1
Interventional Pain Medicine		1		1
A4221 -Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)		15		15
Home Infusion Therapy Pharmacy		5		5
Medical Oncology		6		6
Pharmacy		4		4
A4222 -Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)		16		16
Durable Medical Equipment & Medical Supplies		6		6
Medical Oncology		6		6
Pharmacy		4		4
A4223 -Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)		5		5
Home Infusion Therapy Pharmacy		5		5
A4224 -Supplies for maintenance of insulin infusion catheter, per week		2		2
Pharmacy		2		2
A4230 -Infusion set for external insulin pump, nonneedle cannula type		2		2
Durable Medical Equipment & Medical Supplies		2		2
A4232 -Syringe with needle for external insulin pump, sterile, 3 cc		1		1
Durable Medical Equipment & Medical Supplies		1		1
A4305 -Disposable drug delivery system, flow rate of 50 ml or greater per hour		10		10
Home Infusion Therapy Pharmacy		8		8
Infectious Disease		1		1
Pharmacy		1		1
A4352 -Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each		1		1
Durable Medical Equipment & Medical Supplies		1		1
A4353 -Intermittent urinary catheter, with insertion supplies		3		3
Durable Medical Equipment & Medical Supplies		3		3
A4556 -Electrodes (e.g., apnea monitor), per pair		1		1
Physical Therapy		1		1
A4595 -Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)		1		1
Durable Medical Equipment & Medical Supplies		1		1
A4604 -Tubing with integrated heating element for use with positive airway pressure device		2		2
Durable Medical Equipment & Medical Supplies		1		1
Sleep Disorder Diagnostic		1		1
A4617 -Mouthpiece		1		1
Pediatric Pulmonology		1		1
A6021 -Collagen dressing, sterile, size 16 sq in or less, each		1		1
Durable Medical Equipment & Medical Supplies		1		1
A6550 -Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories		15		15
Durable Medical Equipment & Medical Supplies		15		15
A7000 -Canister, disposable, used with suction pump, each		15		15
Durable Medical Equipment & Medical Supplies		15		15
A7030 -Full face mask used with positive airway pressure device, each		2		2
Durable Medical Equipment & Medical Supplies		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Sleep Disorder Diagnostic		1		1
A7031 -Face mask interface, replacement for full face mask, each		2		2
Durable Medical Equipment & Medical Supplies	1			1
Sleep Disorder Diagnostic	1			1
A7032 -Cushion for use on nasal mask interface, replacement only, each		1		1
Sleep Disorder Diagnostic	1			1
A7034 -Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap		1		1
Sleep Disorder Diagnostic	1			1
A7035 -Headgear used with positive airway pressure device		3		3
Durable Medical Equipment & Medical Supplies	1			1
Sleep Disorder Diagnostic	2			2
A7037 -Tubing used with positive airway pressure device		1		1
Durable Medical Equipment & Medical Supplies	1			1
A7038 -Filter, disposable, used with positive airway pressure device		1		1
Durable Medical Equipment & Medical Supplies	1			1
A7039 -Filter, nondisposable, used with positive airway pressure device		1		1
Sleep Disorder Diagnostic	1			1
A7046 -Water chamber for humidifier, used with positive airway pressure device, replacement, each		1		1
Durable Medical Equipment & Medical Supplies	1			1
A9274 -External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories		1		1
Durable Medical Equipment & Medical Supplies	1			1
A9276 -Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply		4		4
Durable Medical Equipment & Medical Supplies	4			4
A9277 -Transmitter; external, for use with interstitial continuous glucose monitoring system		6		6
Durable Medical Equipment & Medical Supplies	6			6
A9279 -Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified		1		1
Durable Medical Equipment & Medical Supplies	1			1
A9502 -Technetium Tc-99m tetrofosmin, diagnostic, per study dose		2		2
Cardiovascular Disease		2		2
A9505 -Thallium Tl-201 thallos chloride, diagnostic, per mCi		1		1
Cardiovascular Disease		1		1
A9540 -Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi		2		2
Diagnostic Radiology		1		1
General Acute Care Hospital		1		1
A9552 -Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi		23		23
Diagnostic Radiology	19			19
Gynecologic Oncology	1			1
Medical Oncology	2			2
Radiation Oncology	1			1
A9567 -Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi		1		1
Diagnostic Radiology	1			1
A9900 -Miscellaneous DME supply, accessory, and/or service component of another HCPCS code		1		1
Home Infusion Therapy Pharmacy	1			1
A9901 -DME delivery, set up, and/or dispensing service component of another HCPCS code		1		1
Home Infusion Therapy Pharmacy	1			1
B4034 -Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape		3		3
Durable Medical Equipment & Medical Supplies	1			1
Home Infusion Therapy Pharmacy	2			2

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
B4035 -Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape Durable Medical Equipment & Medical Supplies		1		1
B4036 -Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape Durable Medical Equipment & Medical Supplies		3		3
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 Durable Medical Equipment & Medical Supplies		1		1
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 Durable Medical Equipment & Medical Supplies		5		5
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 Home Infusion Therapy Pharmacy		3	2	3
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 Durable Medical Equipment & Medical Supplies		2		2
B4185 -Parenteral nutrition solution, not otherwise specified, 10 g lipids Home Infusion Therapy Pharmacy		1		1
B9002 -Enteral nutrition infusion pump, any type Durable Medical Equipment & Medical Supplies		1		1
B9998 -NOC for enteral supplies Home Infusion Therapy Pharmacy		1		1
C1730 -Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes) General Acute Care Hospital		1		1
C1733 -Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip General Acute Care Hospital		1		1
C1766 -Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away General Acute Care Hospital		1		1
C2616 -Brachytherapy source, nonstranded, yttrium-90, per source General Acute Care Hospital		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 General Acute Care Hospital		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 General Acute Care Hospital		1		1
C9600 -Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch General Acute Care Hospital		2		2
Chemotherapy General Acute Care Hospital		8		8
D9239 -Intravenous moderate (conscious) sedation/ analgesia – first 15 minutes Oral and Maxillofacial Surgery		5		5
D9243 -Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment Oral and Maxillofacial Surgery		2		2
		1		1
		1		1
		1		1
		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
E0143 -WALKER FOLD WHEELED ADJUSTBL/FIX HT		1		1
Durable Medical Equipment & Medical Supplies		1		1
E0163 -COMMODE CHAIR WITH FIXED ARMS		1		1
Durable Medical Equipment & Medical Supplies		1		1
E0260 -HOS BED SEMI-ELEC W/RAIL W/MATTRSS		1		1
Durable Medical Equipment & Medical Supplies		1		1
E0431 -PRTBLE GASEOUS O2 SYS RENTAL;		32		32
Durable Medical Equipment & Medical Supplies		32		32
E0443 -PORTBL O2 CONTENT GAS 1 MO SPL= 1 U		6		6
Durable Medical Equipment & Medical Supplies		6		6
E0464 -PSV W/VOL CNTRL NONINVASV INTERFACE		1		1
Durable Medical Equipment & Medical Supplies		1		1
E0465 -Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)		2		2
Durable Medical Equipment & Medical Supplies		2		2
E0466 -Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)		7		7
Durable Medical Equipment & Medical Supplies		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
Durable Medical Equipment & Medical Supplies		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
Durable Medical Equipment & Medical Supplies		1		1
E0486 -ORL DEVC/APPL RDUC UA COLLAPS CSTM		1		1
Durable Medical Equipment & Medical Supplies		1		1
E0562 -HUMDFIR HEAT USED W/POS ARWAY PRSS		5		5
Durable Medical Equipment & Medical Supplies		3		3
Sleep Disorder Diagnostic		2		2
E0570 -NEBULIZER WITH COMPRESSOR		1		1
Durable Medical Equipment & Medical Supplies		1		1
E0600 -RESP SUCTN PUMP HOME MODEL ELEC		2		2
Durable Medical Equipment & Medical Supplies		2		2
E0601 -CONTINUOUS AIRWAY PRESSURE DEVICE		4		4
Durable Medical Equipment & Medical Supplies		2		2
Sleep Disorder Diagnostic		2		2
E0652 -PNEUMAT COMPRS W/CALBRT GRADNT PRSS		7		7
Durable Medical Equipment & Medical Supplies		7		7
E0667 -SEG PNEUMAT APPLINC COMPRS FULL LEG		4		4
Durable Medical Equipment & Medical Supplies		4		4
E0668 -SEG PNEUMAT APPLINC COMPRS FULL ARM		2		2
Durable Medical Equipment & Medical Supplies		2		2
E0669 -SEG PNEUMAT APPLINC COMPRS HALF LEG		1		1
Durable Medical Equipment & Medical Supplies		1		1
E0747 -OSTOGNS STIM NONINVASV NOT SP APPLC		2		2
Durable Medical Equipment & Medical Supplies		2		2
E0748 -OSTOGNS STIM NONINVASV SP APPLIC		11		11
Durable Medical Equipment & Medical Supplies		6		6
Orthopaedic Surgery		5		5
E0760 -OSTOGNS STIM LW INTENS US NONINVASV		8		8

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Durable Medical Equipment & Medical Supplies E0766 -Electrical stimulation device used for cancer treatment, includes all accessories, any type		8		8
		1		1
Durable Medical Equipment & Medical Supplies E0770 -FES TRANSQ STIM NERV&/MUSC CMPL NOS		1		1
Durable Medical Equipment & Medical Supplies E0776 -IV POLE		1		1
		5		5
Durable Medical Equipment & Medical Supplies Home Infusion Therapy Pharmacy E0781 -AMB INFUS PUMP 1/MX CHANNL W/ADMIN		3		3
		2		2
		16		16
Durable Medical Equipment & Medical Supplies Home Infusion Therapy Pharmacy Medical Oncology Pharmacy E0784 -EXTERNAL AMB INFUSION PUMP INSULIN		6		6
		2		2
		4		4
		4		4
		7		7
Durable Medical Equipment & Medical Supplies E0971 -Manual wheelchair accessory, antitipping device, each		7		7
Durable Medical Equipment & Medical Supplies E0973 -WC ACCSS ADJ HT DTACH ARMST EA		1		1
Durable Medical Equipment & Medical Supplies E0978 -Wheelchair accessory, positioning belt/safety belt/pelvic strap, each		1		1
Durable Medical Equipment & Medical Supplies E0986 -Manual wheelchair accessory, push-rim activated power assist system		1		1
Durable Medical Equipment & Medical Supplies E1390 -O2 CONC 85%/>O2 CONC PRSC FLW RATE		1		1
		44		44
Durable Medical Equipment & Medical Supplies E1392 -PORTABLE OXYGEN CONCENTRATOR RENTAL		44		44
Durable Medical Equipment & Medical Supplies E1399 -DME MISCELLANEOUS		3		3
		3		3
Durable Medical Equipment & Medical Supplies E2205 -MNL WC HANDRIM W/O PROJ REPL EACH		2		2
Durable Medical Equipment & Medical Supplies E2206 -MNL WC ACSS WHL LOCK ASSMBL CMPL EA		2		2
		1		1
Durable Medical Equipment & Medical Supplies E2211 -MNL WC ACCESS PNEUMAT PROPULSN TIRE		1		1
Durable Medical Equipment & Medical Supplies E2219 -MNL WC ACSS FOAM CASTER TIRE ANY SZ		1		1
Durable Medical Equipment & Medical Supplies E2224 -MNL WC PROPULSION WHL EXCLD TIRE		1		1
Durable Medical Equipment & Medical Supplies E2225 -MNL WC CASTR WHL EXCLD TIRE REPL		1		1
Durable Medical Equipment & Medical Supplies E2402 -Negative pressure wound therapy electrical pump, stationary or portable		1		1
		15		15
Durable Medical Equipment & Medical Supplies E2619 -REPL COVER WC SEAT/BACK CUSHN EA		15		15
Durable Medical Equipment & Medical Supplies E2620 -PSTN WC BACK CUSHN PLANAR WD <22 IN		1		1
Durable Medical Equipment & Medical Supplies E2624 -SKIN PROTCT&POSITION WC CUSH WD <22		1		1
		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Durable Medical Equipment & Medical Supplies		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
General Acute Care Hospital		2		2
G0233 -PET WHBD MELANOMA; GAMMA CAM		1		1
Physical Therapy		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
Durable Medical Equipment & Medical Supplies		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
Clinical Medical Laboratory		1		1
Durable Medical Equipment & Medical Supplies		6		6
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
Chiropractor		19		19
General Acute Care Hospital		8		8
Orthopedic		2		2
Physical Therapy		229		229
Rehabilitation Hospital		22		22
Skilled Nursing Facility		4		4
G0399 -Home sleep test (HST) with type III portable monitor, unattended;		7		7
Pulmonary Disease		2		2
Sleep Disorder Diagnostic		5		5
G0463 -Hospital outpatient clinic visit for assessment and management of a patient		1		1
General Acute Care Hospital		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
General Acute Care Hospital		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
Clinic/Center		3		3
G6002 -Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy		10		10
General Acute Care Hospital		1		1
Radiation Oncology		9		9
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
Radiation Oncology		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
Radiation Oncology		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
Radiation Oncology		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
Radiation Oncology		19		19
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

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Radiation Oncology		2		2
H0012 -ALCOHL&/RX SRVC; SUB-AC DTOX RES OP		1		1
Substance Abuse Rehabilitation Facility		1		1
H0035 -MENTAL HEALTH PART HOSP TX < 24 HR		1	1	2
Substance Abuse Rehabilitation Facility		1	1	2
H2035 -ALCOHOL &OR OTH DRUG TX PROGM-HOUR		1	1	2
Substance Abuse Rehabilitation Facility		1	1	2
Home Health		15		15
Home Health		15		15
Hospice		26		26
Diagnostic Radiology		6		6
Hospice Care, Community Based		18		18
Hospice, Inpatient		2		2
Hospice - Inpatient		7		7
Diagnostic Radiology		1		1
Hospice Care, Community Based		4		4
Hospice, Inpatient		2		2
Hospital Inpatient Rehabilitation		45	5	50
General Acute Care Hospital		9		9
Long Term Care Hospital			1	1
Rehabilitation Hospital		36	3	39
Speech-Language Pathologist			1	1
Hospital Inpatient Residential Mental/Nervous		38		38
Children		1		1
General Acute Care Hospital		17		17
Psychiatric Hospital		13		13
Psychiatry		1		1
Substance Abuse Rehabilitation Facility		6		6
Hospital Inpatient Services		254	2	256
Ambulatory Surgical		3		3
Children		13		13
General Acute Care Hospital		231	1	232
Long Term Care Hospital		1		1
Psychiatric Hospital		3		3
Rehabilitation Hospital		1	1	2
Skilled Nursing Facility		2		2
Hospital Inpatient Substance Abuse Detox		11		11
Substance Abuse Rehabilitation Facility		11		11
Hospital Outpatient Observation		36		36
Children		8		8
General Acute Care Hospital		27		27
Psychiatric Hospital		1		1
Hospital Outpatient Surgery		1		1
General Acute Care Hospital		1		1
Hospital Partial Hospitalization		5		5
General Acute Care Hospital		1		1
Psychiatric Hospital		1		1
Substance Abuse Rehabilitation Facility		3		3

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Inpatient - Mental Health	8	2		10
General Acute Care Hospital	3	1		4
Psychiatric Hospital	5	1		6
Inpatient Alcohol and Substance Abuse Treatment	5		1	6
General Acute Care Hospital	1			1
Substance Abuse Rehabilitation Facility	4		1	5
Inpatient Psychiatric Facility	3			3
General Acute Care Hospital	2			2
Psychiatric Hospital	1			1
Inpatient Skilled Nursing	27	1		28
General Acute Care Hospital	4			4
Rehabilitation Hospital	3			3
Skilled Nursing Facility	20	1		21
J0129 -INJ ABATACEPT 10 MG MEDICR ADM PHYS	5			5
Internal Medicine	1			1
Rheumatology	4			4
J0131 -INJECTION ACETAMINOPHEN 10 MG	1			1
Home Infusion Therapy Pharmacy	1			1
J0135 -INJECTION ADALIMUMAB 20 MG	1			1
Rheumatology	1			1
J0171 -INJ ADRENALIN EPINEPHRINE 0.1 MG	27			27
Hematology & Oncology	9			9
Medical Oncology	18			18
J0178 -INJECTION AFLIBERCEPT 1 MG	8			8
Ophthalmology	8			8
J0180 -INJECTION AGALSIDASE BETA 1 MG	2			2
Children	2			2
J0185 -Injection, aprepitant, 1 mg	13			13
General Acute Care Hospital	3			3
Hematology & Oncology	7			7
Internal Medicine	1			1
Medical Oncology	2			2
J0289 -INJ AMPHOTERICIN B LIPOSOME 10 MG	2			2
Infectious Disease	2			2
J0460 -INJ ATROPINE SULFATE UP 0.3 MG	1			1
Hematology & Oncology	1			1
J0461 -INJECTION ATROPINE SULFATE 0.01 MG	5			5
General Acute Care Hospital	3			3
Medical Oncology	2			2
J0475 -INJECTION BACLOFEN 10 MG	1			1
Home Infusion Therapy Pharmacy	1			1
J0517 -Injection, benralizumab, 1 mg	3			3
Durable Medical Equipment & Medical Supplies	1			1
Family Medicine	1			1
Pharmacy	1			1
J0585 -Injection, onabotulinumtoxinA, 1 unit	33	1		34
Ambulatory Surgical	1			1
Clinic/Center	1			1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Family Medicine		1		1
General Acute Care Hospital		1		1
Neurology		25	1	26
Nurse Practitioner		2		2
Urology		2		2
J0588 -INJECTION INCOBOTULINUMTOXIN 1 UNIT		1		1
Neurology		1		1
J0640 -INJ LEUCOVORIN CALCIUM PER 50 MG		29		29
Durable Medical Equipment & Medical Supplies		1		1
General Acute Care Hospital		11		11
Hematology & Oncology		8		8
Internal Medicine		1		1
Medical Oncology		8		8
J0641 -INJ LEVOLEUCOVORIN CALCIUM 0.5 MG		4		4
General Acute Care Hospital		1		1
Hematology & Oncology		3		3
J0690 -INJECTION CEFAZOLIN SODIUM 500 MG		1		1
Home Infusion Therapy Pharmacy		1		1
J0696 -Injection, ceftriaxone sodium, per 250 mg		1		1
Home Infusion Therapy Pharmacy		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
Internal Medicine		1		1
Rheumatology		2		2
J0780 -INJ PROCHLORPERAZINE TO 10 MG		2		2
Hematology & Oncology		1		1
Medical Oncology		1		1
J0834 -INJECTION COSYNTROPIN 0.25 MG		1		1
General Acute Care Hospital		1		1
J0878 -INJECTION DAPTOMYCIN 1 MG		1		1
Home Infusion Therapy Pharmacy		1		1
J0881 -INJ DARBEPOETIN ALFA 1 MCG NON-ESRD		1		1
Medical Oncology		1		1
J0885 -INJ EPOETIN ALFA NON-ESRD 1000 UNIT		5		5
Hematology & Oncology		4		4
Medical Oncology		1		1
J0897 -INJECTION DENOSUMAB 1 MG		59	4	63
Endocrinology, Diabetes & Metabolism		1		1
General Acute Care Hospital		5	1	6
Hematology & Oncology		17		17
Internal Medicine		5		5
Medical Oncology		2		2
Pharmacy		1		1
Physician Assistant		16	2	18
Rheumatology		12	1	13
J1071 -Injection, testosterone cypionate, 1 mg		2		2
Medical Oncology		2		2
J1100 -INJ DEXMETHOSON SODIM PHOSATE 1 MG		55		55

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital		18		18
Hematology & Oncology		22		22
Internal Medicine		1		1
Medical Oncology		14		14
J1190 -INJ DEXRAZOXANE HCL PER 250 MG		1		1
Hematology & Oncology		1		1
J1200 -INJ DIPHENHYDRAMINE HCL TO 50 MG		50		50
General Acute Care Hospital		6		6
Hematology & Oncology		20		20
Medical Oncology		22		22
Rheumatology		2		2
J1335 -INJECTION ERTAPENEM SODIUM 500 MG		1		1
Home Infusion Therapy Pharmacy		1		1
J1439 -Injection, ferric carboxymaltose, 1 mg		3		3
General Acute Care Hospital		2		2
Pediatric Gastroenterology		1		1
J1453 -INJECTION FOSAPREPITANT 1 MG		20		20
General Acute Care Hospital		7		7
Hematology & Oncology		6		6
Medical Oncology		7		7
J1454 -Injection, fosnetupitant 235 mg and palonosetron 0.25 mg		26	1	27
Gynecologic Oncology		1		1
Hematology		2	1	3
Hematology & Oncology		11		11
Medical Oncology		12		12
J1459 -INJ IG IV NONLYOPHILIZED 500 MG		7		7
General Acute Care Hospital		5		5
Home Infusion Therapy Pharmacy		2		2
J1557 -INJ IG IV NONLYOPHILIZED 500 MG		1		1
Home Infusion Therapy Pharmacy		1		1
J1559 -INJECTION IG HIZENTRA 100 MG		2		2
Home Infusion Therapy Pharmacy		2		2
J1561 -INJ IG NONLYOPHILIZED 500 MG		4		4
Home Infusion Therapy Pharmacy		2		2
Pharmacy		2		2
J1568 -INJ IG OCTOGAM IV NONLYO 500MG		4		4
Hematology & Oncology		3		3
Medical Oncology		1		1
J1580 -INJ GARAMYCIN GENTAMICIN UP 80 MG		1		1
General Acute Care Hospital		1		1
J1599 -INJ IG IV NONLYOPHILIZED NOS 500 MG		5		5
Home Infusion Therapy Pharmacy		1		1
Pharmacy		4		4
J1602 -Injection, golimumab, 1 mg, for intravenous use		4		4
General Acute Care Hospital		2		2
Rheumatology		2		2
J1626 -INJ GRANISETRN HYDROCHLORID 100 MCG		11		11
Hematology & Oncology		6		6

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Medical Oncology		5		5
J1642 -INJECTION HEPARIN SODIUM 10 UNITS		7		7
General Acute Care Hospital		3		3
Home Infusion Therapy Pharmacy		4		4
J1644 -INJ HEPARIN SODIUM PER 1000 UNITS		1		1
General Acute Care Hospital		1		1
J1700 -INJ HYDROCORTISONE ACTAT TO 25 MG		1		1
Medical Oncology		1		1
J1720 -INJ HYDROCORTSON SOD SUCC TO 100 MG		32		32
Hematology & Oncology		11		11
Medical Oncology		21		21
J1726 -Injection, hydroxyprogesterone caproate, (Makena), 10 mg		1		1
Maternal & Fetal Medicine		1		1
J1745 -INJECTION INFLIXIMAB 10 MG		16		16
General Acute Care Hospital		6		6
Home Infusion Therapy Pharmacy		1		1
Internal Medicine		1		1
Rheumatology		8		8
J1756 -INJECTION IRON SUCROSE 1 MG		11		11
General Acute Care Hospital		1		1
Hematology & Oncology		7		7
Medical Oncology		3		3
J1950 -INJ LEUPROLIDE ACETATE PER 3.75 MG		1		1
Urology		1		1
J2060 -INJECTION LORAZEPAM 2 MG		3		3
Hematology & Oncology		2		2
Medical Oncology		1		1
J2185 -INJECTION MEROPENEM 100 MG		6		6
General Acute Care Hospital		1		1
Home Infusion Therapy Pharmacy		4		4
Infectious Disease		1		1
J2260 -INJECTION MILRINONE LACTATE 5 MG		1		1
Home Infusion Therapy Pharmacy		1		1
J2274 -Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg		2		2
Durable Medical Equipment & Medical Supplies		1		1
Home Infusion Therapy Pharmacy		1		1
J2350 -Injection, ocrelizumab, 1 mg		1		1
Medical Oncology		1		1
J2353 -INJ OCTREOTIDE DEPOT FORM IM 1MG		3		3
Medical Oncology		3		3
J2405 -INJECTION ONDANSETRON HCL PER 1 MG		30		30
General Acute Care Hospital		24		24
Hematology & Oncology		4		4
Internal Medicine		1		1
Medical Oncology		1		1
J2469 -INJECTION PALONOSETRON HCL 25 MCG		41		41
General Acute Care Hospital		3		3
Gynecologic Oncology		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Hematology & Oncology		19		19
Medical Oncology		18		18
J2505 -INJECTION PEGFILGRASTIM 6 MG		13		13
General Acute Care Hospital		3		3
Hematology & Oncology		7		7
Medical Oncology		3		3
J2543 -INJ PIP SOD/TZ SOD 1 G/0.125 G		1		1
Home Infusion Therapy Pharmacy		1		1
J2700 -INJ OXACILLIN SODIUM TO 250 MG		1		1
Home Infusion Therapy Pharmacy		1		1
J2778 -INJECTION RANIBIZUMAB 0.1 MG		4		4
Ophthalmology		4		4
J2785 -INJECTION REGADENOSON 0.1 MG		1		1
Cardiovascular Disease		1		1
J2790 -INJ RHO D IG HUMN FULL DOSE 300 MCG		1		1
Maternal & Fetal Medicine		1		1
J2920 -INJ METHYLPRDNISOLON SODIM TO 40 MG		4		4
General Acute Care Hospital		1		1
Rheumatology		3		3
J2930 -INJ METHYLPRDNISLN SODIM TO 125 MG		35		35
Hematology & Oncology		13		13
Medical Oncology		22		22
J3111 -Injection, romosozumab-aqqg, 1 mg			1	1
Rheumatology			1	1
J3370 -Injection, vancomycin HCl, 500 mg		10		10
Home Infusion Therapy Pharmacy		9		9
Infectious Disease		1		1
J3380 -Injection, vedolizumab, 1 mg		4		4
Gastroenterology		3		3
Home Infusion Therapy Pharmacy		1		1
J3475 -INJ MAGNESIUM SULFATE PER 500 MG		2		2
General Acute Care Hospital		1		1
Medical Oncology		1		1
J3489 -Injection, zoledronic acid, 1 mg		33		33
General Acute Care Hospital		4		4
Hematology & Oncology		21		21
Internal Medicine		2		2
Medical Oncology		6		6
J3490 -UNCLASSIFIED DRUGS		11		11
Hematology & Oncology		3		3
Medical Oncology		8		8
J7030 -INFUS NORMAL SALINE SOL 1000 CC		6		6
Home Infusion Therapy Pharmacy		4		4
Medical Oncology		2		2
J7040 -INFUS NORMAL SALINE SOL STERILE		2		2
General Acute Care Hospital		2		2
J7042 -5% DEXTROSE/NORMAL SALINE		1		1
Medical Oncology		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
J7050 -INFUS NORMAL SALINE SOLUTION 250 CC		3		3
General Acute Care Hospital		1		1
Hematology & Oncology		1		1
Home Infusion Therapy Pharmacy		1		1
J7326 -HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS		1		1
Family Medicine		1		1
J7401 -Mometasone furoate sinus implant, 10 mcg		1		1
Otolaryngology		1		1
J7512 -Prednisone, immediate release or delayed release, oral, 1 mg		1		1
General Acute Care Hospital		1		1
J7999 -Compounded drug, not otherwise classified		2		2
Interventional Pain Medicine		1		1
Pain Management		1		1
J9000 -INJECTION DOXORUBICIN HCL 10 MG		7		7
General Acute Care Hospital		1		1
Hematology & Oncology		5		5
Medical Oncology		1		1
J9022 -Injection, atezolizumab, 10 mg		3	1	4
General Acute Care Hospital		2		2
Hematology			1	1
Hematology & Oncology		1		1
J9025 -INJECTION AZACITIDINE 1 MG		4		4
Hematology & Oncology		1		1
Medical Oncology		3		3
J9034 -Injection, bendamustine HCl (Bendeka), 1 mg		4		4
General Acute Care Hospital		1		1
Hematology & Oncology		1		1
Medical Oncology		2		2
J9035 -INJECTION BEVACIZUMAB 10 MG		36		36
General Acute Care Hospital		1		1
Hematology & Oncology		9		9
Medical Oncology		5		5
Ophthalmology		21		21
J9040 -INJECTION BLEOMYCIN SULFATE 15 UNIT		1		1
Medical Oncology		1		1
J9041 -INJECTION BORTEZOMIB 0.1 MG		3		3
Hematology & Oncology		2		2
Medical Oncology		1		1
J9045 -INJECTION CARBOPLATIN 50 MG		29	1	30
General Acute Care Hospital		4		4
Gynecologic Oncology		2		2
Hematology		2	1	3
Hematology & Oncology		11		11
Medical Oncology		10		10
J9047 -Injection, carfilzomib, 1 mg		2		2
Hematology & Oncology		2		2
J9055 -INJECTION CETUXIMAB 10 MG		2		2
Hematology & Oncology		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Medical Oncology		1		1
J9060 -INJ CISPLATIN POWDER/SOLUTION 10 MG	10			10
General Acute Care Hospital	3			3
Hematology & Oncology	3			3
Medical Oncology	4			4
J9065 -INJECTION CLADRIBINE PER 1 MG	1			1
General Acute Care Hospital	1			1
J9070 -CYCLOPHOSPHAMIDE 100 MG	7			7
General Acute Care Hospital	1			1
Hematology & Oncology	4			4
Medical Oncology	2			2
J9100 -INJECTION CYTARABINE 100 MG	2			2
General Acute Care Hospital	2			2
J9145 -Injection, daratumumab, 10 mg	1			1
Hematology & Oncology	1			1
J9171 -INJECTION DOCETAXEL 1 MG	6			6
General Acute Care Hospital	1			1
Hematology & Oncology	4			4
Medical Oncology	1			1
J9173 -Injection, durvalumab, 10 mg	1			1
Medical Oncology	1			1
J9178 -INJECTION EPIRUBICIN HCL 2 MG	1			1
Medical Oncology	1			1
J9181 -INJECTION ETOPOSIDE 10 MG	6	1		7
General Acute Care Hospital	2			2
Hematology	2	1		3
Hematology & Oncology	1			1
Medical Oncology	1			1
J9185 -INJ FLUDARABINE PHOSPHATE 50 MG	1			1
Medical Oncology	1			1
J9190 -INJECTION FLUOROURACIL 500 MG	42			42
Durable Medical Equipment & Medical Supplies	1			1
General Acute Care Hospital	13			13
Hematology & Oncology	14			14
Internal Medicine	1			1
Medical Oncology	13			13
J9201 -INJECTION GEMCITABINE HCL 200 MG	5			5
General Acute Care Hospital	2			2
Hematology & Oncology	3			3
J9203 -Injection, gemtuzumab ozogamicin, 0.1 mg	1			1
Hematology & Oncology	1			1
J9206 -INJECTION IRINOTECAN 20 MG	15			15
General Acute Care Hospital	6			6
Hematology & Oncology	5			5
Medical Oncology	4			4
J9217 -LEUPROLIDE ACETATE 7.5 MG	8			8
Hematology & Oncology	1			1
Internal Medicine	1			1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Urology		6		6
J9229 -Injection, inotuzumab ozogamicin, 0.1 mg		2		2
Medical Oncology		2		2
J9260 -METHOTREXATE SODIUM 50 MG		1		1
General Acute Care Hospital		1		1
J9263 -INJECTION OXALIPLATIN 0.5 MG		26		26
Durable Medical Equipment & Medical Supplies		1		1
General Acute Care Hospital		7		7
Hematology & Oncology		11		11
Internal Medicine		1		1
Medical Oncology		6		6
J9264 -INJ PACLITAXEL PROTBND PARTICL 1 MG		4		4
General Acute Care Hospital		1		1
Hematology & Oncology		3		3
J9267 -Injection, paclitaxel, 1 mg		24		24
Gynecologic Oncology		2		2
Hematology & Oncology		11		11
Medical Oncology		11		11
J9271 -Injection, pembrolizumab, 1 mg		11		11
General Acute Care Hospital		1		1
Hematology & Oncology		5		5
Medical Oncology		5		5
J9299 -Injection, nivolumab, 1 mg		9		9
General Acute Care Hospital		2		2
Hematology & Oncology		3		3
Medical Oncology		4		4
J9303 -INJECTION PANITUMUMAB 10 MG		2		2
Medical Oncology		2		2
J9305 -INJECTION PEMETREXED 10 MG		3		3
Hematology & Oncology		2		2
Medical Oncology		1		1
J9306 -Injection, pertuzumab, 1 mg		3		3
Hematology & Oncology		2		2
Medical Oncology		1		1
J9312 -Injection, rituximab, 10 mg		6		6
General Acute Care Hospital		3		3
Hematology & Oncology		2		2
Medical Oncology		1		1
J9355 -INJECTION TRASTUZUMAB 10 MG		3		3
Hematology & Oncology		2		2
Medical Oncology		1		1
J9370 -VINCRISTINE SULFATE 1 MG		4		4
General Acute Care Hospital		2		2
Medical Oncology		2		2
J9395 -INJECTION FULVESTRANT 25 MG		3		3
Hematology & Oncology		3		3
J9999 -NOT OTHWISE CLASS ANTINEOPLSTC DRUG		1		1
General Acute Care Hospital		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
K0005 -Ultralightweight wheelchair		1		1
Durable Medical Equipment & Medical Supplies		1		1
K0038 -Leg strap, each		1		1
Durable Medical Equipment & Medical Supplies		1		1
K0065 -SPOKE PROTECTORS EACH		1		1
Durable Medical Equipment & Medical Supplies		1		1
K0108 -Wheelchair component or accessory, not otherwise specified		1		1
Durable Medical Equipment & Medical Supplies		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
Durable Medical Equipment & Medical Supplies		1		1
K0606 -AED W/INTGR ECG ANALY GARMNT TYPE		7		7
Durable Medical Equipment & Medical Supplies		7		7
K0738 -PORT GASEOUS O2 SYS RNTL;HOM COMPRS		4		4
Durable Medical Equipment & Medical Supplies		4		4
L0180 -CERV MX POST COLLR SUPPS ADJ		4		4
Durable Medical Equipment & Medical Supplies		2		2
Orthopaedic Surgery		2		2
L0456 -TLSO FLEX TRNK SC TO SCAP SPN PRFAB		1		1
Durable Medical Equipment & Medical Supplies		1		1
L0464 -TLSO TRIPLANR 4 SHELL ANT-STERNL		1		1
Durable Medical Equipment & Medical Supplies		1		1
L0627 -LUMB ORTHOT RIGD A&P PANL PRFAB		1		1
Durable Medical Equipment & Medical Supplies		1		1
L0637 -LSO RIGD ANT&POST FRME/PANL PRFAB		2		2
General Acute Care Hospital		1		1
Prosthetic/Orthotic Supplier		1		1
L0650 -LSO SAGIT-CORNRL CNTRL ANT PST PANL		13		13
Durable Medical Equipment & Medical Supplies		8		8
Orthopaedic Surgery		5		5
L1832 -KO ADJ UNICNT/POLYCNT RIGD PRFAB		2		2
Durable Medical Equipment & Medical Supplies		1		1
Orthopaedic Surgery		1		1
L1833 -Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf		1		1
Durable Medical Equipment & Medical Supplies		1		1
L1843 -KNEE ORTHOS 1 UPRT THI&CALF PRFAB		4		4
Durable Medical Equipment & Medical Supplies		4		4
L1845 -KO DBL UPRT UNICNT/POLYCNT PRFAB		3		3
Durable Medical Equipment & Medical Supplies		1		1
Orthopaedic Surgery		1		1
Prosthetic/Orthotic Supplier		1		1
L1851 -Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension j		1		1
Durable Medical Equipment & Medical Supplies		1		1
L1932 -AFO RIGD ANT TIBL CARB FIBR/= PRFAB		2		2
Durable Medical Equipment & Medical Supplies		1		1
Foot & Ankle Surgery		1		1
L1951 -ANK FT ORTHOT SPIRAL PLSTC/OTH MATL		4		4
Foot & Ankle Surgery		3		3
Prosthetic/Orthotic Supplier		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
L1960 -AFO POST SOLID ANK PLSTC CSTM FAB		1		1
Durable Medical Equipment & Medical Supplies		1		1
L1970 -AFO PLASTIC W/ANK JOINT CUSTOM FAB		1		1
Durable Medical Equipment & Medical Supplies		1		1
L2210 -ADD LOW EXTREM DORSIFLX ASST EA JNT		1		1
Durable Medical Equipment & Medical Supplies		1		1
L2275 -ADD LW EXT VARUS/VULGUS CORR PLSTC		2		2
Durable Medical Equipment & Medical Supplies		2		2
L2820 -ADD LW EXT SFT INTERFCE BELW KNEE		3		3
Durable Medical Equipment & Medical Supplies		2		2
Prosthetic/Orthotic Supplier		1		1
L3761 -Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf		1		1
Orthopaedic Surgery		1		1
L3808 -WHF ORTHOTIC RIGID NO JNT; CUSTOM		1		1
Physical Therapy		1		1
L3960 -Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment		3		3
Ambulatory Surgical		3		3
L5301 -BK MOLD SCKT SHIN SACH FT ENDO SYS		3		3
Durable Medical Equipment & Medical Supplies		3		3
L5321 -AK OPEN END SACH FT ENDO SYS 1 AXIS		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5540 -PREP BK PTB LAMINATED SCKT MOLD MDL		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5620 -ADD LOW EXTREM TEST SOCKT BELW KNEE		4		4
Durable Medical Equipment & Medical Supplies		4		4
L5624 -ADD LOW EXTREM TEST SOCKT ABOVE KNEE		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5629 -ADD LW EXTRM BELW KNEE ACRYLC SOCKT		3		3
Durable Medical Equipment & Medical Supplies		3		3
L5631 -ADD LW EXT ABOVE KNEE/DISARTC ACRYLC		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5637 -ADD LOW EXTREM BELW KNEE TOTAL CNTC		4		4
Durable Medical Equipment & Medical Supplies		4		4
L5645 -ADD LW EXTRM BK FLX INNR EXT FRME		3		3
Durable Medical Equipment & Medical Supplies		3		3
L5647 -ADD LOW EXTRM BELW KNEE SUCTN SOCKT		3		3
Durable Medical Equipment & Medical Supplies		3		3
L5649 -ADD LW EXT ISCHIAL CONTAINMENT SCKT		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5650 -ADD LW EXTRM TOT CONTACT AK/DISARTC		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5651 -ADD LW EXTRM AK FLX INNR EXT FRME		2		2
Durable Medical Equipment & Medical Supplies		2		2
L5652 -ADD LW EXTRM SUCTN SUSP AK/DISARTC		2		2
Durable Medical Equipment & Medical Supplies		2		2
L5679 -ADD LW EXT BK/AK CSTM FAB XST MOLD		5		5
Durable Medical Equipment & Medical Supplies		5		5
L5685 -ADD LOW EXT PROS BELW KNEE SLEEVE		4		4

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Durable Medical Equipment & Medical Supplies		4		4
L5814 -ADD ENDO KNEE-SHN HYDRAUL MECH LOCK		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5828 -ADD ENDO KNEE-SHIN FL SWING&STANCE		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5845 -ADD ENDOSKL KNEE-SHIN STANC FLX ADJ		2		2
Durable Medical Equipment & Medical Supplies		2		2
L5850 -ADD ENDO AK/HIP DSRTC KNEE EXT ASST		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5910 -ADD ENDOSKEL BELW KNEE ALIGNBL SYS		4		4
Durable Medical Equipment & Medical Supplies		4		4
L5920 -ADD ENDOSKEL AK/HIP DISRTC ALIGNBL		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5925 -ADD ENDO AK/HIP DISARTIC MNL LOCK		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5940 -ADD ENDOSKEL BELW KNEE ULTRA-LGHT		3		3
Durable Medical Equipment & Medical Supplies		3		3
L5950 -ADD ENDOSKEL ABVE KNEE ULTRA-LGHT		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5968 -ADD LW LIMB PROSTH MX-AXIAL ANKLE		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5972 -ALL LOW EXT PROS FOOT FLEXIBLE KEEL		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5980 -ALL LOW EXTREM PROSTH FLX-FOOT SYS		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5981 -ALL LOW EXTRM PROSTH FLX-WALK SYS/=		2		2
Durable Medical Equipment & Medical Supplies		2		2
L5986 -ALL LW EXTRM PROSTH MX-AXIAL ROT U		4		4
Durable Medical Equipment & Medical Supplies		4		4
L5987 -ALL LW EXTRM PROSTH SHANK FOOT SYS		1		1
Durable Medical Equipment & Medical Supplies		1		1
L5988 -ADD LW LMB PRSTH VERTCL SHOCK RDUCL		1		1
Durable Medical Equipment & Medical Supplies		1		1
L8420 -PROSTHETIC SOCK MX PLY BELW KNEE EA		4		4
Durable Medical Equipment & Medical Supplies		4		4
L8430 -PROSTHETIC SOCK MX PLY ABVE KNEE EA		1		1
Durable Medical Equipment & Medical Supplies		1		1
L8470 -PROSTH SOCK 1 PLY FIT BELW KNEE EA		4		4
Durable Medical Equipment & Medical Supplies		4		4
L8480 -PROSTH SOCK 1 PLY FIT ABVE KNEE EA		1		1
Durable Medical Equipment & Medical Supplies		1		1
L8619 -COCHLR IMPL SPCH PRCSSR/CNTRLR REPL		1		1
Audiologist-Hearing Aid Fitter		1		1
L8680 -IMPL NEUROSTIMULATOR ELECTRODE EA		5		5
General Acute Care Hospital		1		1
Interventional Pain Medicine		3		3
Pain Management		1		1
Long Term Acute Care		20	1	21

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Long Term Care Hospital		20	1	21
Outpatient Dialysis Services		4		4
End-Stage Renal Disease (ESRD) Treatment		4		4
Outpatient Mental/Nervous-Individual		1		1
General Acute Care Hospital		1		1
Outpatient Substance Abuse-Individual		5		5
General Acute Care Hospital		1		1
Substance Abuse Rehabilitation Facility		4		4
Physician Mental Health Services		2		2
Psychiatry		2		2
Q0091 -SCR PAP SMER; OBTAIN PREP&CONVY-LAB		2		2
General Acute Care Hospital		2		2
Q0138 -Injection, ferumoxylol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)		27		27
General Acute Care Hospital		4		4
Hematology & Oncology		12		12
Medical Oncology		11		11
Q0163 -DIPHENHYDRAMINE HCL 50 MG ORAL		1		1
General Acute Care Hospital		1		1
Q2050 -Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg		1		1
Hematology & Oncology		1		1
Q3014 -TELEHEALTH ORIG SITE FACILITY FEE		10	1	11
Behavioral Analyst		2	1	3
Psychiatry		8		8
Q4105 -INTEGRA DRT PER SQ CM		1		1
Podiatrist		1		1
Q4121 -THERASKIN PER SQ CM		1		1
General Acute Care Hospital		1		1
Q4158 -Kerecis Omega3, per sq cm		1		1
General Surgery		1		1
Q5001 -HOSPICE/HOME HLTH CARE PT HOME/RES		1		1
Diagnostic Radiology		1		1
Q5101 -Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg		4		4
Hematology & Oncology		2		2
Medical Oncology		2		2
Q5104 -Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg		2		2
Rheumatology		2		2
Q5106 -Injection, epoetin alfa, biosimilar, (Retacrit) (for non-ESRD use), 1000 units		4		4
General Acute Care Hospital		1		1
Hematology & Oncology		3		3
Q5107 -Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg		4		4
General Acute Care Hospital		2		2
Hematology & Oncology		1		1
Medical Oncology		1		1
Q5108 -Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg		4		4
General Acute Care Hospital		2		2
Hematology & Oncology		2		2
Q5110 -Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg		3		3
Hematology & Oncology		3		3

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total
Q5111 -Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg		5		5
Hematology & Oncology		5		5
Q5114 -Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg		1		1
Hematology & Oncology		1		1
Q5115 -Injection, rituximab-abbs, biosimilar, 10 mg		5		5
Hematology & Oncology		3		3
Medical Oncology		2		2
Q5117 -Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg		5		5
General Acute Care Hospital		1		1
Hematology & Oncology		4		4
Q5118 -Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg		2		2
General Acute Care Hospital		2		2
Q5119 -Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg		6		6
General Acute Care Hospital		1		1
Hematology & Oncology		3		3
Medical Oncology		2		2
Q9965 -LOCM 100-199 MG/ML I CONC PER ML		6		6
Radiation Oncology		6		6
Q9967 -LOCM 300-399 MG/ML I CONC PER ML		4		4
Cardiovascular Disease		1		1
Multi-Specialty		1		1
Radiation Oncology		2		2
Residential Treatment Mental/Nervous		3		4
Substance Abuse Rehabilitation Facility		3	1	4
S0028 -INJECTION FAMOTIDINE 20 MG		2		2
Hematology & Oncology		1		1
Medical Oncology		1		1
S1040 -CRANIAL REMOLD ORTHOT PED CUST FAB		5		5
Customized Equipment		1		1
Durable Medical Equipment & Medical Supplies		4		4
S2095 -TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC		1		1
General Acute Care Hospital		1		1
S9001 -HOME UTERIN MON W/WO ASSOC NRS SRVC		1		1
Children		1		1
S9152 -SPEECH THERAPY RE-EVALUATION		2		2
Home Health		1		1
Speech-Language Pathologist		1		1
S9328 -HIT IMPLANTED PUMP PAIN MGMT; DIEM		1		1
Durable Medical Equipment & Medical Supplies		1		1
S9338 -HOME INFUS TX IMMUTHAPY; PER DIEM		10		10
Home Infusion Therapy Pharmacy		8		8
Pharmacy		2		2
S9342 -HT; ENTERAL NUTRIT VIA PUMP; DIEM		1		1
Home Infusion Therapy Pharmacy		1		1
S9343 -HT; ENTERAL NUTRIT VIA BOLUS; DIEM		1		1
Home Infusion Therapy Pharmacy		1		1
S9348 -HIT SYMPATHOMIMETIC/INOTROPIC DIEM		1		1
Home Infusion Therapy Pharmacy		1		1

Indications Offered by Provider Speciality

Service Code with Description	Approved	Denied	Partially Approved	Grand Total	
S9359 -HIT ANTI-TUMR NECROS FACTOR IV TX; Home Infusion Therapy Pharmacy		1		1	
S9366 -HIT TPN; >1 L BUT NOT > 2 L-DA-DIEM Home Infusion Therapy Pharmacy		1		1	
S9367 -HIT TPN; >2 L BUT NOT >3 L-DAY-DIEM Home Infusion Therapy Pharmacy		1		1	
S9374 -HIT HYDRATION TX; 1 LITER DAY Home Infusion Therapy Pharmacy		1		1	
S9379 -HOME INFUS TX INFUSION TX NOC; DIEM Home Infusion Therapy Pharmacy		1		1	
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 Home Infusion Therapy Pharmacy		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 Infectious Disease		2		2	
S9501 -HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS Home Infusion Therapy Pharmacy		1		1	
S9502 -HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS Home Infusion Therapy Pharmacy		2		2	
U0001 -CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel General Acute Care Hospital		3		3	
V5010 -Assessment for hearing aid Audiologist-Hearing Aid Fitter		3		3	
V5011 -Fitting/orientation/checking of hearing aid Audiologist-Hearing Aid Fitter		1		1	
V5160 -Dispensing fee, binaural Audiologist-Hearing Aid Fitter		4		4	
V5257 -Hearing aid, digital, monaural, BTE Audiologist-Hearing Aid Fitter		4		4	
V5261 -Hearing aid, digital, binaural, BTE Audiologist-Hearing Aid Fitter		11		11	
V5266 -Battery for use in hearing device Audiologist-Hearing Aid Fitter		10		10	
		1		1	
		1		1	
Grand Total		12884	58	19	12961