Approvals and Denials

Information below is a detailed view of services that were requested prior authorizations with approval and denial rates by specific service code or APS group. Denial reasons explain why a service or APS group that was requested was not approved. Molina authorization data includes APS in the service code data field. APS is a bundle of same or similar codes. We authorize services in groups for certain procedures and for hospital stays. This is done to reduce provider administrative burden to match claim exactly to single code authorizations. APS service code groups allow us to pay the claim when the claim is billed within the APS group range instead of the specific code. Please refer to Pre-Authorization Statistic Abbreviation Guide to view the descriptions of the APS abbreviations.

Service Code	Service Code Description	APS Service Code Group Description	Approved	DENIED	Pend	Total Prior Authorizations
00170	**ANESTHESIA INTRAORAL WITH BIOPSY NOS**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
0037U	**TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES**		**1**	**15**	**0**	**16**
Approved			1	0	0	1
			1	0	0	1
DENIED			0	15	0	15
			0	7	0	7
Denied Appeal Denial Upheld			0	2	0	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	0	2
Experimental Service or Procedure			0	4	0	4
0087U	**CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
0171	**Nursery - Newborn - Level I**		**2**	**0**	**0**	**2**
APPROVED			2	0	0	2
0172	**Nursery - Newborn - Level II**		**16**	**21**	**0**	**37**
APPROVED			16	0	0	16
DENIED			0	21	0	21
Denied Additional Information Not Received			0	1	0	1
Denied Medical Necessity Criteria Not Met Medical Director			0	20	0	20
0172U	**ONC SLD TUM SOMATIC MUT ALYS BRCA1 BRCA2 ALG**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
0173	**Nursery - Newborn - Level III**		**40**	**15**	**0**	**55**
APPROVED			40	0	0	40
DENIED			0	15	0	15
Denied Medical Necessity Criteria Not Met Medical Director			0	15	0	15
0174	**Nursery - Newborn - Level IV**		**3**	**2**	**0**	**5**
APPROVED			3	0	0	3
DENIED			0	2	0	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	0	2
0179	**Nursery - Other**		**0**	**1**	**0**	**1**
DENIED			0	1	0	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
0202U	**NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
0239U	**TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 Plus**		**2**	**11**	**0**	**13**
Approved			2	0	0	2
			1	0	0	1
DENIED			0	11	0	11

			0	6	0	6
Denied Medical Necessity Criteria Not Met Medical Director			0	2	0	2
Denied Not a Covered Benefit			0	3	0	3
0242U	**TRGT GEN SEQ ALYS PNL SOLID ORGN NEO DNA 55-74**		**2**	**7**	**0**	**9**
APPROVED			2	0	0	2
			1	0	0	1
Denied			0	7	0	7
			0	7	0	7
0275T	**PERC LAMINO-/LAMINECTOMY INDIR IMAG GUIDE LUMBAR**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			2	0	0	2
0326U	**TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 83 Plus**		**0**	**7**	**0**	**7**
Denied			0	7	0	7
			0	7	0	7
0339T	**TRANSCATHETER RENAL SYMPATH DENERVATION BILAT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
0340U	**ONC PAN CANCER ANALYSIS MRD FROM PLASMA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
0345T	**TRANSCATH MITRAL VALVE REPAIR VIA CORONARY SINUS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
0421T	**TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL**		**2**	**0**	**0**	**2**
APPROVED			2	0	0	2
0422U	**ONC PAN SOLID TUM ALYS DNA BMRK RSPSE ANTCA THER**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
0537T	**CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
0538T	**CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
0539T	**CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
0540T	**CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
0707T	**NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
0912	**Behavioral Health Treatments/Services - Partial Hospitalizat**		**6**	**0**	**0**	**6**
APPROVED			6	0	0	6
			3	0	0	3
0912	**Behavioral Health Treatments/Services - Partial Hospitalization**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
10005	**FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION**		**2**	**0**	**0**	**2**

Approved			2	0	0	2
			2	0	0	2
10140	**I and D HEMATOMA SEROMA/FLUID COLLECTION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
11043	**DEBRIDEMENT MUSCLE and /FASCIA 1ST 20 SQ CM OR LT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
11403	**EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
11424	**EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
11471	**EXCISION H/P/P/U COMPLEX REPAIR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
11603	**EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
11604	**EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
11970	**REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
11971	**REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
11980	**SUBCUTANEOUS HORMONE PELLET IMPLANTATION**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
13101	**REPAIR COMPLEX TRUNK 2.6-7.5 CM**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
13102	**REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM OR LT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
13121	**REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
13122	**REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM OR LT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
13160	**SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
14001	**ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1

14040	**ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM OR LT**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
14041	**ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
14301	**ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
14302	**ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15100	**SPLIT AGRFT T/A/L 1ST 100 CM/ and /1 PCT BDY INFT/CHLD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15220	**FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 SQ CM OR LT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15240	**FTH/GF FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20SQCM OR LT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15271	**APP SKN SUB GRFT T/A/L AREA/100SQ CM OR LT 1ST 25**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15272	**APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15275	**SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15733	**MUSC MYOQ/FSCQ FLAP HEAD and NECK W/NAMED VASC PEDCL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15734	**MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
15740	**FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
15756	**FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15758	**FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15769	**GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2

15770	**GRAFT DERMA-FAT-FASCIA**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
15771	**GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS**		**19**	**0**	**0**	**19**
Approved			19	0	0	19
			18	0	0	18
15772	**GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15773	**GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
15777	**IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
15822	**BLEPHAROPLASTY UPPER EYELID**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
15823	**BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
15830	**EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
15837	**EXC EXCESSIVE SKIN and SUBQ TISSUE FOREARM/HAND**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
15840	**GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT**		**3**	**0**	**0**	**3**
APPROVED			3	0	0	3
			1	0	0	1
15842	**GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			1	0	0	1
15860	**IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			2	0	0	2
17110	**DESTRUCTION BENIGN LESIONS UP TO 14**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
17250	**CHEMICAL CAUTERIZATION OF GRANULATION TISSUE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
17999	**UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1

			0	1	0	1
19285	**PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
19303	**MASTECTOMY SIMPLE COMPLETE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
19316	**MASTOPEXY**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
19318	**BREAST REDUCTION**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
19325	**BREAST AUGMENTATION WITH IMPLANT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
19328	**REMOVAL INTACT BREAST IMPLANT**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
19330	**RMVL RUPTURED BREAST IMPLANT W/IMPLANT CONTENTS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
19340	**INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
19342	**INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			4	0	0	4
19350	**NIPPLE/AREOLA RECONSTRUCTION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
19357	**TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			5	0	0	5
19364	**BREAST RECONSTRUCTION W/FREE FLAP**		**5**	**0**	**0**	**5**
APPROVED			5	0	0	5
			4	0	0	4
19370	**REVISION PERI-IMPLANT CAPSULE BREAST**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
19371	**PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE**		**2**	**0**	**0**	**2**
APPROVED			2	0	0	2
			1	0	0	1
19380	**REVISION OF RECONSTRUCTED BREAST**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
20220	**BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1

			0	1	0	1
20551	**INJECTION SINGLE TENDON ORIGIN/INSERTION**		**0**	**1**	**0**	**1**
DENIED			0	1	0	1
Denied for No Pre-authorization			0	1	0	1
20552	**INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
20553	**INJECTION SINGLE/MLT TRIGGER POINT 3 OR GT MUSCLES**		**2**	**3**	**0**	**5**
Approved			2	0	0	2
			2	0	0	2
Denied			0	3	0	3
			0	3	0	3
20560	**NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
20561	**NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
20604	**ARTHROCNT ASPIR and /INJ SMALL JT/BURSAW/US REC RPRT**		**0**	**1**	**0**	**1**
DENIED			0	1	0	1
Denied for No Pre-authorization			0	1	0	1
20610	**ARTHROCENTESIS ASPIR and /INJ MAJOR JT/BURSA W/O US**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
20611	**ARTHROCENTESIS ASPIR and /INJ MAJOR JT/BURSA W/US**		**1**	**3**	**0**	**4**
Approved			1	0	0	1
			1	0	0	1
DENIED			0	3	0	3
			0	2	0	2
Denied for No Pre-authorization			0	1	0	1
20660	**APPL CRANIAL TONG/STRTCTC FRAME W/REMOVAL SPX**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
20680	**Implant Extraction**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
20680	**REMOVAL IMPLANT DEEP**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
20900	**BONE GRAFT ANY DONOR AREA MINOR/SMALL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
20902	**BONE GRAFT ANY DONOR AREA MAJOR/LARGE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
20922	**FASCIA LATA GRAFT INCISION AND AREA EXPOSURE**		**1**	**0**	**0**	**1**

Approved			1	0	0	1
			1	0	0	1
20930	**ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED**		**11**	**0**	**0**	**11**
Approved			11	0	0	11
			10	0	0	10
20931	**ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
20936	**AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			6	0	0	6
20937	**AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
20939	**BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
20969	**FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
20982	**ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
20983	**ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
20985	**CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
21044	**EXCISION MALIGNANT TUMOR MANDIBLE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
21045	**EXCISION MALIGNANT TUMOR MANDIBLE RADICAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
21141	**RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
21195	**RCNSTJ MNDBLR RAMI and /BODY SGTL SPLT W/O INT RGD**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
21280	**MEDIAL CANTHOPEXY SEPARATE PROCEDURE**		**1**	**0**	**1**	**2**
Approved			1	0	0	1
			1	0	0	1
Pend			0	0	1	1
			0	0	1	1
21552	**EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM OR GT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
21600	**EXCISION RIB PARTIAL**		**2**	**0**	**0**	**2**

APPROVED			2	0	0	2
			1	0	0	1
21627	**STERNAL DEBRIDEMENT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
21743	**REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
22515	**PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
22551	**ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2**		**9**	**0**	**0**	**9**
Approved			9	0	0	9
			8	0	0	8
22552	**ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			6	0	0	6
22558	**ARTHRD ANT INTERBODY MIN DSC LUMBAR**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
22585	**ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
22600	**ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
22610	**ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
22612	**ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR**		**9**	**0**	**0**	**9**
Approved			9	0	0	9
			9	0	0	9
22614	**ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
22633	**ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR**		**3**	**0**	**0**	**3**
APPROVED			3	0	0	3
			2	0	0	2
22804	**ARTHRODESIS POSTERIOR SPINAL DFRM 13 Plus VRT SGM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
22810	**ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SGM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
22840	**POSTERIOR NON-SEGMENTAL INSTRUMENTATION**		**2**	**0**	**0**	**2**
APPROVED			2	0	0	2
			1	0	0	1
22842	**POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG**		**6**	**1**	**0**	**7**
Approved			6	0	0	6
			6	0	0	6

Denied			0	1	0	1
			0	1	0	1
22844	**POSTERIOR SEGMENTAL INSTRUMENTATION 13 OR GT VRT SE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
22845	**ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
22846	**ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
22850	**REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
22852	**REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
22853	**INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD**		**9**	**0**	**0**	**9**
Approved			9	0	0	9
			8	0	0	8
22855	**REMOVAL ANTERIOR INSTRUMENTATION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
22856	**TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL**		**3**	**2**	**0**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	2	0	2
			0	2	0	2
22857	**TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
22858	**TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
22860	**TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
22902	**EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ LT 3CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
23071	**EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM OR GT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
23078	**RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM OR GT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
23210	**RADICAL RESECTION TUMOR SCAPULA**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
23220	**RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS**		**1**	**0**	**0**	**1**

Approved			1	0	0	1
			1	0	0	1
23395	**MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
23410	**OPEN REPAIR OF ROTATOR CUFF ACUTE**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
23412	**OPEN REPAIR OF ROTATOR CUFF CHRONIC**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
23420	**RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
23430	**TENODESIS LONG TENDON BICEPS**		**11**	**0**	**0**	**11**
Approved			11	0	0	11
			11	0	0	11
23462	**CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
23472	**ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER**		**10**	**0**	**0**	**10**
Approved			10	0	0	10
			10	0	0	10
23700	**MNPJ W/ANES SHOULDER JT APPL FIXATION APPARATUS**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
23929	**UNLISTED PROCEDURE SHOULDER**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
24341	**REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA TDN/MUSC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
25447	**ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
26480	**TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
26727	**PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
27130	**ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT**		**24**	**4**	**0**	**28**
Approved			24	0	0	24
			24	0	0	24

Denied			0	4	0	4
			0	4	0	4
27134	**REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
27279	**ARTHRODESIS SI JOINT PERCUTANEOUS/MIN INVASIVE**		**2**	**0**	**0**	**2**
APPROVED			2	0	0	2
			1	0	0	1
27299	**UNLISTED PROCEDURE PELVIS/HIP JOINT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
27355	**EXCISION/CURETTAGE CYST/TUMOR FEMUR**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
27356	**EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
27405	**RPR PRIMARY TORN LIGM and /CAPSULE KNEE COLLATERAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
27409	**RPR 1 TORN LIGM and /CAPSL KNE COLTRL and CRUCIATE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
27416	**OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
27420	**RCNSTJ DISLOCATING PATELLA**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
27422	**RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC RL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
27427	**LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR**		**6**	**1**	**0**	**7**
Approved			6	0	0	6
			5	0	0	5
Denied			0	1	0	1
			0	1	0	1
27429	**LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
27438	**ARTHROPLASTY PATELLA W/PROSTHESIS**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
27446	**ARTHRP KNEE CONDYLE and PLATEAU MEDIAL/LAT CMPRT**		**5**	**1**	**0**	**6**
Approved			5	0	0	5
			5	0	0	5
Denied			0	1	0	1

			0	1	0	1
27447	**ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS**		**36**	**2**	**0**	**38**
Approved			36	0	0	36
			36	0	0	36
Denied			0	2	0	2
			0	2	0	2
27477	**ARREST EPIPHYSEAL TIBIA AND FIBULA PROXIMAL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
27487	**REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
27488	**RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
27524	**OPTX PATLLR FX W/INT FIXJ/PATLLC and SOFT TISS RPR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
27630	**EXCISION LESION TENDON SHEATH/CAPSULE LEG and /ANK**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
27685	**LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
27691	**TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
27880	**AMPUTATION LEG THROUGH TIBIA AND FIBULA**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28011	**TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28080	**EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28090	**EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28110	**OSTECTOMY PRTL 5TH METAR HEAD SPX**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28112	**OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
28113	**OSTECTOMY COMPLETE 5TH METATARSAL HEAD**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
28118	**OSTECTOMY CALCANEUS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2

28120	**PARTIAL EXCISION BONE TALUS/CALCANEUS**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
28122	**PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
28124	**PARTICAL EXCISION BONE PHALANX TOE**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
28153	**RESECTION CONDYLE DISTAL END PHALANX EACH TOE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28234	**TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28250	**DIVISION PLANTAR FASCIA AND MUSCLE SPX**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28270	**CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
28285	**CORRECTION HAMMERTOE**		**9**	**0**	**0**	**9**
Approved			9	0	0	9
			9	0	0	9
28289	**HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
28296	**CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28297	**CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28298	**CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28299	**CORRJ HLX VLGS BNCTY SESMDC W/DOUBLE OSTEOTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28300	**OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
28304	**OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
28306	**OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR**		**3**	**0**	**0**	**3**

Approved			3	0	0	3
			3	0	0	3
28308	**OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
28308	**Toe Bone Surgery**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28310	**OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28705	**ARTHRODESIS PANTALAR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28725	**ARTHRODESIS SUBTALAR**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
28730	**ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
28740	**ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
28750	**ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
28755	**ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			1	0	0	1
28760	**ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
29805	**DIAGNOSTIC ARTHROSCOPY SHOULDER Plus - SYNOVIAL BX**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
29806	**SURGICAL ARTHROSCOPY SHOULDER CAPSULORRHAPHY**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
29807	**SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
29820	**SURGICAL ARTHROSCOPY SHOULDER PRTL SYNOVECTOMY**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
29822	**SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2**		**9**	**0**	**0**	**9**
Approved			9	0	0	9
			9	0	0	9
29823	**SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3 Plus**		**12**	**1**	**0**	**13**
Approved			12	0	0	12
			12	0	0	12

Denied			0	1	0	1
			0	1	0	1
29824	**SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC**		**7**	**1**	**0**	**8**
Approved			7	0	0	7
			7	0	0	7
Denied			0	1	0	1
			0	1	0	1
29825	**SURGICAL ARTHROSCOPY SHOULDER W/LSS and RESCJ ADS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
29826	**Shoulder Ligament Repair**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
29826	**SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
29827	**SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR**		**31**	**1**	**0**	**32**
Approved			31	0	0	31
			31	0	0	31
Denied			0	1	0	1
			0	1	0	1
29828	**SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
29860	**ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
29870	**ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
29873	**ARTHROSCOPY KNEE LATERAL RELEASE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
29874	**ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
29875	**ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
29876	**ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GT COMPARTMENTS**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
29877	**ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG**		**10**	**0**	**0**	**10**
Approved			10	0	0	10
			10	0	0	10
29879	**ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX**		**8**	**0**	**0**	**8**
Approved			8	0	0	8
			7	0	0	7

29880	**ARTHRS KNEE W/MENISCECTOMY MED and LAT W/SHAVING**		**13**	**1**	**0**	**14**
Approved			13	0	0	13
			12	0	0	12
Denied			0	1	0	1
			0	1	0	1
29881	**ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG**		**29**	**3**	**1**	**33**
Approved			29	0	0	29
			27	0	0	27
Denied			0	3	0	3
			0	3	0	3
Pend			0	0	1	1
			0	0	1	1
29882	**ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL**		**19**	**0**	**0**	**19**
Approved			19	0	0	19
			17	0	0	17
29883	**ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL and LATERAL**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
29884	**ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
29885	**ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
29887	**ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
29888	**ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ**		**17**	**0**	**0**	**17**
Approved			17	0	0	17
			15	0	0	15
29893	**ENDOSCOPIC PLANTAR FASCIOTOMY**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
29898	**ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
29906	**ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
29914	**ARTHROSCOPY HIP W/FEMOROPLASTY**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
29916	**ARTHROSCOPY HIP W/LABRAL REPAIR**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
29999	**UNLISTED PROCEDURE ARTHROSCOPY**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
30117	**EXCISION/DESTRUCTION INTRANASAL LESION INT APPR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
30140	**SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL**		**3**	**3**	**0**	**6**
Approved			3	0	0	3
			2	0	0	2
Denied			0	3	0	3
			0	2	0	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
30420	**RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
30465	**REPAIR NASAL VESTIBULAR STENOSIS**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
30469	**RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
30520	**Nose Shaping**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
30520	**SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF**		**19**	**4**	**0**	**23**
Approved			19	0	0	19
			18	0	0	18
Denied			0	4	0	4
			0	3	0	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
30801	**ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31225	**MAXILLECTOMY W/O ORBITAL EXENTERATION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31259	**NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
31290	**NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31291	**NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31294	**NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31295	**NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS**		**20**	**2**	**0**	**22**
Approved			20	0	0	20
			19	0	0	19
Denied			0	2	0	2
			0	1	0	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
31296	**NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
31297	**NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31298	**NASAL/SINUS NDSC SURG W/DILATION FRNT and SPHN SINUS**		**14**	**3**	**0**	**17**
Approved			14	0	0	14
			13	0	0	13
Denied			0	3	0	3
			0	2	0	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
31365	**LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
31515	**CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31526	**LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
31528	**LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31535	**LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31541	**LARGSC EXC TUM and /STRPG CORDS/EPIGL MCRSCP/TLSCP**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31575	**LARYNGOSCOPY FLEXIBLE DIAGNOSTIC**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
31600	**TRACHEOSTOMY PLANNED SEPARATE PROCEDURE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
31611	**CONSTJ TRACHEOESOPHGL FSTL AND INSJ SP PROSTH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31615	**TRACHEOBRNCHSC THRU EST TRACHS INC**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
31622	**BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
31624	**BRNCHSC W/BRNCL ALVEOLAR LAVAGE**		**1**	**2**	**0**	**3**

Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
31625	**BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1 Plus SITES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31627	**BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
31628	**BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
31640	**BRONCHOSCOPY W/EXCISION TUMOR**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
32480	**RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
32505	**RESCJ DIAPHRAGM W/SIMPLE REPAIR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
32608	**THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
32650	**THORACOSCOPY W/PLEURODESIS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
32663	**THORACOSCOPY W/LOBECTOMY SINGLE LOBE**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
32666	**THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
32668	**THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
32669	**THORACOSCOPY W/SEGMENTECTOMY**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
32674	**THORCOSCPY W/MEDIASTINL and REGIONL LYMPHDENECTOMY**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
32853	**LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
32999	**UNLISTED PROCEDURE LUNGS AND PLEURA**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1

33030	**PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33208	**INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL and VENT**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
33225	**INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
33228	**REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33249	**INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
33263	**RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33268	**EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33285	**INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
33289	**TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
33340	**PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33361	**REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33405	**RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
33416	**VENTRICULOMYOTOMY-MYECTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33418	**TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33419	**TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33477	**TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1

33508	**NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
33517	**CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 1 VEIN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33518	**CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 2 VEIN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33519	**CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 3 VEIN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33533	**CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
33641	**RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33935	**HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33945	**HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
33990	**INSJ PERQ VAD W/RS and I L HRT ARTERIAL ACCESS ONLY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
33999	**UNLISTED PROCEDURE CARDIAC SURGERY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
34705	**EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
35206	**REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
35301	**TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
35371	**TEAEC W/WO PATCH GRAFT COMMON FEMORAL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
35703	**EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
36010	**INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
36011	**SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH**		**0**	**1**	**0**	**1**

Denied			0	1	0	1
			0	1	0	1
36012	**SLCTV CATH PLMT VEN SYS 2ND ORDER OR GT SLCTV BRANC**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
36215	**SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
36216	**SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
36245	**SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
36246	**SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
36247	**SLCTV CATHJ 3RD Plus ORD SLCTV ABDL PEL/LXTR BRNCH**		**2**	**2**	**0**	**4**
Approved			2	0	0	2
			2	0	0	2
Denied			0	2	0	2
			0	2	0	2
36248	**SLCTV CATHJ EA 2ND Plus ORD ABDL PEL/LXTR ART BRNCH**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
36260	**INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36415	**Blood Draw**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36415	**COLLECTION VENOUS BLOOD VENIPUNCTURE**		**13**	**6**	**0**	**19**
Approved			13	0	0	13
			13	0	0	13
Denied			0	6	0	6
			0	6	0	6
36430	**Blood Transfusion**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
36430	**TRANSFUSION BLOOD/BLOOD COMPONENTS**		**10**	**3**	**1**	**14**
Approved			10	0	0	10
			10	0	0	10
Denied			0	3	0	3
			0	3	0	3

Pend			0	0	1	1
			0	0	1	1
36465	**ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36465	**NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN**		**65**	**2**	**1**	**68**
Approved			65	0	0	65
			64	0	0	64
Denied			0	2	0	2
			0	2	0	2
Pend			0	0	1	1
			0	0	1	1
36465	**Vein Treatment**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
36466	**NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS**		**38**	**1**	**0**	**39**
Approved			38	0	0	38
			35	0	0	35
Denied			0	1	0	1
			0	1	0	1
36466	**Vein Treatment**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
36470	**INJECTION SCLEROSANT SINGLE INCMPTNT VEIN**		**12**	**1**	**0**	**13**
Approved			12	0	0	12
Denied			0	1	0	1
			0	1	0	1
36471	**INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS**		**53**	**2**	**0**	**55**
Approved			53	0	0	53
			50	0	0	50
Denied			0	2	0	2
			0	2	0	2
36471	**Vein Treatment**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36473	**ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36475	**ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN**		**68**	**3**	**0**	**71**
Approved			68	0	0	68
			64	0	0	64
Denied			0	3	0	3
			0	3	0	3
36475	**Vein Closure**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
36476	**ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS**		**6**	**1**	**0**	**7**
Approved			6	0	0	6
			6	0	0	6

Denied			0	1	0	1
			0	1	0	1
36478	**ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN**		**37**	**4**	**0**	**41**
Approved			37	0	0	37
			35	0	0	35
Denied			0	4	0	4
			0	4	0	4
36478	**Vein Treatment**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36479	**ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
36482	**ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN**		**12**	**1**	**0**	**13**
Approved			12	0	0	12
			12	0	0	12
Denied			0	1	0	1
			0	1	0	1
36482	**Vein Treatment**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36556	**INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR OR GT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
36558	**INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR OR GT**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
36561	**INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR OR GT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
36589	**RMVL TUN CVC W/O SUBQ PORT/PMP**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
36590	**RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
36592	**COLLECT BLOOD FROM CATHETER VENOUS NOS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
36598	**CNTRST NJX RAD EVAL CTR VAD FLUOR IMG AND REPRT**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1

			0	1	0	1
36600	**ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36818	**ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36819	**ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36820	**ARVEN ANAST OPN F/ARM VEIN TRPOS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36821	**ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36825	**CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36830	**CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36836	**PERQ AV FISTULA CREATION UXTR SINGLE ACCESS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
36901	**INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S AND I**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
36902	**INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
36903	**INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
36907	**TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S and I**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
36908	**STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2

36909	**DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S AND I**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
37217	**TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
37218	**TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
37220	**REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL**		**13**	**0**	**0**	**13**
Approved			13	0	0	13
			13	0	0	13
37221	**REVSC OPN/PRQ ILIAC ART W/STNT PLMT and ANGIOPLSTY**		**19**	**0**	**0**	**19**
Approved			19	0	0	19
			19	0	0	19
37222	**REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
37224	**REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI**		**18**	**0**	**0**	**18**
Approved			18	0	0	18
			18	0	0	18
37225	**REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL**		**24**	**0**	**0**	**24**
Approved			24	0	0	24
			24	0	0	24
37226	**REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL**		**18**	**0**	**0**	**18**
Approved			18	0	0	18
			18	0	0	18
37227	**REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL**		**22**	**0**	**0**	**22**
Approved			22	0	0	22
			22	0	0	22
37228	**REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI**		**15**	**0**	**0**	**15**
Approved			15	0	0	15
			15	0	0	15
37229	**REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL**		**21**	**0**	**1**	**22**
Approved			21	0	0	21
			21	0	0	21
Pend			0	0	1	1
			0	0	1	1
37230	**REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL**		**16**	**0**	**0**	**16**
Approved			16	0	0	16
			16	0	0	16
37231	**REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL**		**15**	**0**	**0**	**15**
Approved			15	0	0	15
			15	0	0	15
37232	**REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
37241	**VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS AND I**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1

37242	**VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS AND I**		**2**	**2**	**0**	**4**
Approved			2	0	0	2
			2	0	0	2
Denied			0	2	0	2
			0	2	0	2
37243	**VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT**		**18**	**7**	**0**	**25**
Approved			18	0	0	18
			18	0	0	18
Denied			0	7	0	7
			0	7	0	7
37765	**STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS**		**8**	**1**	**0**	**9**
Approved			8	0	0	8
			8	0	0	8
Denied			0	1	0	1
			0	1	0	1
37766	**STAB PHLEBT VARICOSE VEINS 1 XTR GT 20 INCS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
37799	**UNLISTED PROCEDURE VASCULAR SURGERY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38204	**MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			5	0	0	5
38205	**BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38206	**BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
38207	**TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38214	**TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38220	**DIAGNOSTIC BONE MARROW ASPIRATIONS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
38221	**DIAGNOSTIC BONE MARROW BIOPSIES**		**5**	**3**	**0**	**8**
Approved			5	0	0	5
			4	0	0	4
Denied			0	3	0	3
			0	3	0	3
38222	**DIAGNOSTIC BONE MARROW BIOPSIES AND ASPIRATIONS**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
38230	**BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
38240	**TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR**		**5**	**1**	**0**	**6**
Approved			5	0	0	5
			5	0	0	5
Denied			0	1	0	1
			0	1	0	1
38241	**TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR**		**9**	**0**	**0**	**9**
Approved			9	0	0	9
			9	0	0	9
38242	**ALLOGENEIC LYMPHOCYTE INFUSIONS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38308	**LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38500	**BX/EXC LYMPH NODE OPEN SUPERFICIAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38525	**BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38530	**BX/EXC LYMPH NODE OPEN INT MAMMARY NODE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38572	**LAPS BI TOT PEL LMPHADEC AND PRI-AORTIC LYMPH BX 1**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38720	**CERVICAL LYMPHADENECTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38724	**CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
38740	**AXILLARY LYMPHADENECTOMY SUPERFICIAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38745	**AXILLARY LYMPHADENECTOMY COMPLETE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38747	**ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38780	**RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC and RNL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38790	**INJECTION PROCEDURE LYMPHANGIOGRAPHY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
38900	**INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
39000	**MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
39560	**RESCJ DIAPHRAGM W/SIMPLE REPAIR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
40810	**EXC LES MUCOSA and SBMCSL VESTIBULE MOUTH W/O RPR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
40812	**EXC LESION MUCOSA AND SBMCSL VESTIBULE SMPL RPR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
40814	**EXC LESION MUCOSA AND SBMCSL VESTIBULE CPLX RPR**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
41899	**UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
42120	**RESCJ PALATE/EXTENSIVE RESCJ LESION**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
42820	**TONSILLECTOMY and ADENOIDECTOMY LT AGE 12**		**2**	**3**	**0**	**5**
Approved			2	0	0	2
			2	0	0	2
Denied			0	3	0	3
			0	3	0	3
42821	**TONSILLECTOMY and ADENOIDECTOMY AGE 12 OR GT**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
42975	**DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
43101	**EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
43233	**EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
43235	**ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC**		**6**	**2**	**0**	**8**
Approved			6	0	0	6
			6	0	0	6
Denied			0	2	0	2
			0	2	0	2
43239	**EGD TRANSORAL BIOPSY SINGLE/MULTIPLE**		**7**	**1**	**0**	**8**
Approved			7	0	0	7
			7	0	0	7
Denied			0	1	0	1

			0	1	0	1
43280	**LAPS SURG ESOPG/GSTR FUNDOPLASTY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
43327	**ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
43333	**LAPT RPR PARAESOPH HIATAL HERNIA W/MESH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
43633	**GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
43644	**LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB LT 150 CM**		**0**	**4**	**1**	**5**
Denied			0	4	0	4
			0	4	0	4
Pend			0	0	1	1
			0	0	1	1
43775	**LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
44120	**ENTRC RESCJ SMALL INTESTINE 1 RESCJ AND ANAST**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
44140	**COLECTOMY PARTIAL W/ANASTOMOSIS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
44160	**COLECTOMY PRTL W/RMVL TERMINAL ILEUM and ILEOCOLOS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
44180	**LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
44187	**LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
44205	**LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
44207	**LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST**		**7**	**1**	**0**	**8**
Approved			7	0	0	7
			6	0	0	6
Denied			0	1	0	1
			0	1	0	1
44208	**LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
44211	**LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMSIS**		**3**	**0**	**0**	**3**

Approved			3	0	0	3
			3	0	0	3
44213	**LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
44227	**LAPS CLSR NTRSTM LG/SM INT W/RESCJ and ANASTOMOSIS**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
44320	**COLOSTOMY/SKIN LEVEL CECOSTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
44620	**CLOSURE ENTEROSTOMY LG/SMALL INTESTINE**		**2**	**0**	**1**	**3**
Approved			2	0	0	2
			2	0	0	2
Pend			0	0	1	1
			0	0	1	1
44625	**CLSR NTRSTM LG/SM RESCJ and ANAST OTH/THN CLRCT**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
44626	**CLSR NTRSTM LG/SM RESCJ and COLORECTAL ANASTOMOSIS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
44950	**APPENDECTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
45331	**SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
45378	**COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
45380	**COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE**		**8**	**5**	**0**	**13**
Approved			8	0	0	8
			8	0	0	8
Denied			0	5	0	5
			0	5	0	5
45384	**COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
45385	**COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
45395	**LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
47000	**BIOPSY LIVER NEEDLE PERCUTANEOUS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2

47120	**HEPATECTOMY RESCJ PARTIAL LOBECTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
47135	**LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE**		**20**	**7**	**0**	**27**
Approved			20	0	0	20
			20	0	0	20
Denied			0	7	0	7
			0	7	0	7
47379	**UNLISTED LAPAROSCOPIC PROCEDURE LIVER**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
47380	**ABLTJ OPN 1 OR GT LVR TUM RF**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
47382	**ABLTJ 1 OR GT LVR TUM PRQ RF**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
47537	**REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS AND I**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
47562	**LAPAROSCOPY SURG CHOLECYSTECTOMY**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
47563	**LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
47715	**EXCISION CHOLEDOCHAL CYST**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
48140	**PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
48150	**PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
48554	**TRANSPLANTATION PANCREATIC ALLOGRAFT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
48999	**UNLISTED PROCEDURE PANCREAS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
49000	**EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
49083	**ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1

49203	**EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM OR LT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
49204	**EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
49320	**LAPS ABD PRTM and OMENTUM DX W/WO SPEC BR/WA SPX**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
49421	**INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
49500	**RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE**		**2**	**2**	**0**	**4**
Approved			2	0	0	2
			2	0	0	2
Denied			0	2	0	2
			0	2	0	2
49592	**RPR AA HERNIA 1ST LT 3 CM NCRC8/STRANGULATED**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
49616	**RPR AA HERNIA RECR 3-10 CM NCRC8/STRANGULATED**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
49622	**RPR PARASTOMAL HRNA 1ST/RECR NCRC8/STRANGULATED**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
49999	**UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
50081	**PERQ NL/PL LITHOTRP COMPLEX GT 2 CM MLT LOCATIONS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
50200	**RENAL BIOPSY PRQ TROCAR/NEEDLE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
50230	**NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
50240	**NEPHRECTOMY PARTIAL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
50323	**BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
50360	**RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY**		**20**	**3**	**0**	**23**

Approved			20	0	0	20
			20	0	0	20
Denied			0	3	0	3
			0	3	0	3
50365	**RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
50432	**PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS AND I**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
50543	**LAPAROSCOPY SURG PARTIAL NEPHRECTOMY**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
50545	**LAPAROSCOPY RADICAL NEPHRECTOMY**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
50546	**LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
50590	**LITHOTRIPSY XTRCORP SHOCK WAVE**		**8**	**1**	**0**	**9**
Approved			8	0	0	8
			8	0	0	8
Denied			0	1	0	1
			0	1	0	1
51741	**COMPLEX UROFLOMETRY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
51784	**EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
51785	**NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
51798	**MEAS POST-VOIDING RESIDUAL URINE and /BLADDER CAP**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
52000	**CYSTOURETHROSCOPY**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
52441	**CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
52442	**CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
52649	**LASER ENUCLEATION PROSTATE W/MORCELLATION**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2

53410	**URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
53854	**TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
54161	**CIRCUMCISION AGE GT 28 DAYS**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
54162	**LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
54163	**REPAIR INCOMPLETE CIRCUMCISION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
54360	**PLASTIC RPR PENIS CORRECT ANGULATION**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
54405	**INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH**		**0**	**5**	**0**	**5**
Denied			0	5	0	5
			0	5	0	5
54530	**ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
54640	**ORCHIOPEXY INGUINAL OR SCROTAL APPROACH**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
54692	**LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
55180	**SCROTOPLASTY COMPLICATED**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
55867	**LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3

Denied			0	1	0	1
			0	1	0	1
55874	**TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
56630	**VULVECTOMY RADICAL PARTIAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
56631	**VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
56632	**VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
56633	**VULVECTOMY RADICAL COMPLETE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
56634	**VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
56637	**VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
56640	**VULVECTOMY RAD COMPL ILIAC AND PELVIC LMPHADECTOMY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
57110	**VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
57240	**ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
57250	**POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
57260	**CMBND ANTERPOST COLPORRAPHY W/CYSTO**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
57288	**SLING OPERATION STRESS INCONTINENCE**		**15**	**2**	**0**	**17**
Approved			15	0	0	15
			14	0	0	14
Denied			0	2	0	2
			0	2	0	2
57410	**PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
57425	**LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1

58140	**MYOMECTOMY 1-4 MYOMAS W/250 GM OR LT ABDOMINAL APPR**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
58146	**MYOMECTOMY 5 OR GT MYOMAS and OR GT 250 GM ABDOMINA**		**2**	**0**	**0**	**2**
APPROVED			2	0	0	2
			1	0	0	1
58150	**TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY**		**12**	**0**	**0**	**12**
Approved			12	0	0	12
			12	0	0	12
58210	**RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
58262	**VAG HYST 250 GM OR LT W/RMVL TUBE and /OVARY**		**3**	**0**	**0**	**3**
APPROVED			3	0	0	3
			2	0	0	2
58275	**VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
58291	**VAG HYST GT 250 GM RMVL TUBE and /OVARY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
58322	**ARTIFICIAL INSEMINATION INTRA-UTERINE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
58345	**TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
58350	**CHROMOTUBATION OVIDUCT W/MATERIALS**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
58542	**LAPS SUPRACRV HYSTERECT 250 GM OR LT RMVL TUBE/OVAR**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
58545	**LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
58546	**LAPS MYOMECTOMY EXC 5 OR GT MYOMAS GT 250 GRAMS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
58548	**LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
58552	**LAPS W/VAG HYSTERECT 250 GM/ and RMVL TUBE and /OVARIES**		**8**	**2**	**0**	**10**
Approved			8	0	0	8

			8	0	0	8
Denied			0	2	0	2
			0	2	0	2
58554	**LAPS VAGINAL HYSTERECT GT 250 GM RMVL TUBE and /OVAR**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
58558	**HYSTEROSCOPY BX ENDOMETRIUM and /POLYPC W/WO D and C**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
58562	**HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
58570	**LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
58570	**Uterus Removal: Laparoscopic Hysterectomy**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
58571	**LAPS TOTAL HYSTERECT 250 GM OR LT W/RMVL TUBE/OVARY**		**43**	**3**	**1**	**47**
Approved			43	0	0	43
Denied			0	3	0	3
			0	3	0	3
Pend			0	0	1	1
			0	0	1	1
58572	**LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS GT 250 GM**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
58572	**Uterus Removal: Laparoscopic Hysterectomy**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
58573	**LAPAROSCOPY TOT HYSTERECTOMY GT 250 G W/TUBE/OVAR**		**21**	**0**	**0**	**21**
Approved			21	0	0	21
			20	0	0	20
58573	**Uterus Removal Test**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
58660	**LAPAROSCOPY W/LYSIS OF ADHESIONS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
58661	**LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES**		**23**	**2**	**0**	**25**
Approved			23	0	0	23
			21	0	0	21
Denied			0	2	0	2
			0	2	0	2

58662	**LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE**		**25**	**1**	**0**	**26**
Approved			25	0	0	25
			24	0	0	24
Denied			0	1	0	1
			0	1	0	1
58662	**Ovary Surgery**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
58700	**SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
58720	**SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
58925	**OVARIAN CYSTECTOMY UNI/BI**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
58940	**OOPHORECTOMY PARTIAL/TOTAL UNI/BI**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
59000	**AMNIOCENTESIS DIAGNOSIC**		**5**	**5**	**0**	**10**
Approved			5	0	0	5
			5	0	0	5
Denied			0	5	0	5
			0	5	0	5
59025	**FETAL NONSTRESS TEST**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
59151	**LAPS TX ECTOPIC PREG W/SALPING and /OOPHORECTOMY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
59400	**OB CARE ANTEPARTUM VAG DLVR AND POSTPARTUM**		**6**	**0**	**1**	**7**
Approved			6	0	0	6
			6	0	0	6
Pend			0	0	1	1
			0	0	1	1
59430	**POSTPARTUM CARE ONLY SEPARATE PROCEDURE**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
59510	**OB ANTEPARTUM CARE CESAREAN DLVR AND POSTPARTUM**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
59515	**CESAREAN DELIVERY ONLY W/POSTPARTUM CARE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
60240	**THYROIDECTOMY TOTAL/COMPLETE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1

60260	**THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
60650	**LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			1	0	0	1
61107	**TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61343	**CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA AND CORD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61458	**CRNEC SOPL EXPL/DCMPRN CRNL NRV**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61458	**CRNEC SOPL EXPLORATION/DECOMPRESSION CRANIAL NRV**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
61510	**CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61510	**CRNEC TREPH BONE FLAP CRNOT EXC BRAIN TUMOR STTL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61512	**CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61570	**CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61580	**CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61601	**RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61624	**TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61750	**STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
61751	**STRTCTC BX ASPIR/EXC BURR ICRA LESION W/CT and I/MR**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
61760	**STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61781	**STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL**		**7**	**0**	**0**	**7**
Approved			7	0	0	7

			7	0	0	7
61782	**STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			2	0	0	2
DENIED			0	1	0	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
61783	**STEREOTACTIC COMPUTER ASSISTED PX SPINAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61867	**STRTCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61868	**STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
61885	**INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
61886	**INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2 OR GT ELTRDS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
62165	**NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
62270	**DIAGNOSTIC LUMBAR SPINAL PUNCTURE**		**5**	**3**	**0**	**8**
Approved			5	0	0	5
			5	0	0	5
Denied			0	3	0	3
			0	3	0	3
62272	**THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
62320	**NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
62321	**NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN**		**39**	**7**	**0**	**46**
Approved			39	0	0	39
			39	0	0	39
Denied			0	7	0	7
			0	7	0	7
62323	**NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN**		**26**	**10**	**0**	**36**
Approved			26	0	0	26
			26	0	0	26
Denied			0	10	0	10
			0	10	0	10
62327	**NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
62362	**IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
62370	**ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
62380	**NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
63003	**LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
63015	**LAMINECTOMY W/O FFD GT 2 VERT SEG CERVICAL**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
63020	**LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
63030	**LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
63045	**LAM FACETECTOMY and FORAMOTOMY 1 VRT SGM CERVICAL**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
63047	**LAM FACETECTOMY and FORAMOTOMY 1 VRT SGM LUMBAR**		**8**	**0**	**0**	**8**
Approved			8	0	0	8
			7	0	0	7
63048	**LAM FACETECTOMY and FORAMOT 1 VRT SGM EA ADDL SGM**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
63056	**TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
63057	**TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
63650	**PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
63685	**INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRTJ and CONNJ**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
63740	**CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
64400	**INJECTION AA and /STRD TRIGEMINAL NERVE EACH BRANCH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
64405	**INJECTION AA and /STRD GREATER OCCIPITAL NERVE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
64450	**INJECTION AA and /STRD OTHER PERIPHERAL NERVE/BRANCH**		**8**	**5**	**0**	**13**

Approved			8	0	0	8
			8	0	0	8
Denied			0	5	0	5
			0	5	0	5
64451	**INJECTION AA and /STRD NERVES NRVTG SI JOINT W/IMG**		**3**	**2**	**0**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	2	0	2
			0	2	0	2
64454	**INJECTION AA and /STRD GENICULAR NRV BRANCHES W/IMG**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
64479	**NJX AA and /STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
64483	**NJX AA and /STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL**		**50**	**6**	**1**	**57**
Approved			50	0	0	50
			49	0	0	49
Denied			0	6	0	6
			0	6	0	6
Pend			0	0	1	1
			0	0	1	1
64484	**NJX AA and /STRD TFRML EPI LUMBAR/SACRAL EA ADDL**		**30**	**3**	**0**	**33**
Approved			30	0	0	30
			29	0	0	29
Denied			0	3	0	3
			0	3	0	3
64490	**NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL**		**24**	**5**	**0**	**29**
Approved			24	0	0	24
			24	0	0	24
Denied			0	5	0	5
			0	5	0	5
64490	**Spine Joint Injection**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
64491	**NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL**		**20**	**2**	**0**	**22**
Approved			20	0	0	20
			20	0	0	20
Denied			0	2	0	2
			0	2	0	2
64491	**Spine Joint Injection**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
64493	**NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL**		**52**	**7**	**0**	**59**
Approved			52	0	0	52
			46	0	0	46
Denied			0	7	0	7
			0	7	0	7
64494	**NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL**		**52**	**8**	**0**	**60**
APPROVED			52	0	0	52

			46	0	0	46
Denied			0	8	0	8
			0	8	0	8
64570	**REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
64582	**OPEN IMPLTJ HPGLSL NRV NSTIM RA PG and RESPIR SENSOR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
64590	**INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
64625	**RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
64628	**THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
64633	**DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA**		**9**	**1**	**0**	**10**
Approved			9	0	0	9
			9	0	0	9
Denied			0	1	0	1
			0	1	0	1
64633	**DSTRN ROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
64634	**DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA**		**10**	**1**	**0**	**11**
Approved			10	0	0	10
			10	0	0	10
Denied			0	1	0	1
			0	1	0	1
64635	**DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL**		**37**	**0**	**0**	**37**
Approved			37	0	0	37
			36	0	0	36
64635	**Nerve Ablation Test**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
64636	**DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL**		**32**	**1**	**0**	**33**
Approved			32	0	0	32
			31	0	0	31
Denied			0	1	0	1
			0	1	0	1
64636	**Scan to Help Remove Nerves of the Lower Spine**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
64640	**DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE**		**1**	**3**	**0**	**4**
Approved			1	0	0	1
			1	0	0	1
Denied			0	3	0	3
			0	3	0	3

64680	**DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
64716	**NEUROPLASTY and /TRANSPOSITION CRANIAL NERVE**		**2**	**0**	**0**	**2**
APPROVED			2	0	0	2
			1	0	0	1
64734	**TRANSECTION/AVULSION INFRAORBITAL NERVE**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
64742	**TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL**		**2**	**0**	**0**	**2**
APPROVED			2	0	0	2
			1	0	0	1
64771	**TRANSECTION/AVULSION OTH CRANIAL NRV XDRL**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
64795	**BIOPSY NERVE**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
64864	**SUTURE FACIAL NERVE EXTRACRANIAL**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
64868	**ANASTOMOSIS FACIAL HYPOGLOSSAL**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
64885	**NERVE GRAFT HEAD/NECK LT 4 CM**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
64886	**NERVE GRAFT HEAD/NECK GT 4 CM**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
64905	**NERVE PEDICLE TRANSFER FIRST STAGE**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
64910	**NERVE REPAIR W/CONDUIT EACH NERVE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
64912	**NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
64999	**UNLISTED PROCEDURE NERVOUS SYSTEM**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
65280	**RPR LAC CORNEA and /SCLERA PERFOR X INVG UVEAL TIS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
66982	**XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
66984	**Cataract Surgery**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
66984	**XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP**		**1**	**1**	**0**	**2**

Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
67113	**RPR COMPLEX RETINA DETACH VITRECT AND MEMBRANE PEEL**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
67311	**STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
67332	**STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
67400	**ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
67901	**RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
67903	**RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
67904	**RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
67912	**CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
69205	**RMVL FB XTRNL AUDITORY CANAL ANES**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
69436	**TYMPANOSTOMY GENERAL ANESTHESIA**		**3**	**1**	**1**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
Pend			0	0	1	1
			0	0	1	1
69633	**TYMPANOPLASTY W/O MASTOIDEC 1ST/REVJ PROSTH TORP**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
69930	**COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
69990	**MICROSURG TQS REQ USE OPERATING MICROSCOPE**		**8**	**0**	**0**	**8**
Approved			8	0	0	8
			8	0	0	8

70336	**MRI TEMPOROMANDIBULAR JOINT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
70450	**Brain Scan**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
70450	**CT HEAD/BRAIN W/O CONTRAST MATERIAL**		**90**	**16**	**0**	**106**
Approved			90	0	0	90
			90	0	0	90
Denied			0	16	0	16
			0	16	0	16
70460	**Brain Scan**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
70460	**CT HEAD/BRAIN W/CONTRAST MATERIAL**		**9**	**1**	**0**	**10**
Approved			9	0	0	9
			9	0	0	9
Denied			0	1	0	1
			0	1	0	1
70470	**CT HEAD/BRAIN W/O and W/CONTRAST MATERIAL**		**21**	**2**	**0**	**23**
Approved			21	0	0	21
			21	0	0	21
Denied			0	2	0	2
			0	2	0	2
70480	**CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
70482	**CT ORBIT SELLA/POST FOSSA/EAR W/O and W/CONTR MATR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
70486	**CT MAXILLOFACIAL W/O CONTRAST MATERIAL**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
70486	**FaceComputed Tomography (CT) Scan**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
70488	**CT MAXILLOFACIAL W/O and W/CONTRAST MATERIAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
70490	**CT SOFT TISSUE NECK W/O CONTRAST MATERIAL**		**8**	**3**	**0**	**11**
Approved			8	0	0	8
			8	0	0	8
Denied			0	3	0	3
			0	3	0	3
70490	**Neck Tissue Scan**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
70491	**CT SOFT TISSUE NECK W/CONTRAST MATERIAL**		**56**	**6**	**0**	**62**
Approved			56	0	0	56
			56	0	0	56

Denied			0	6	0	6
			0	6	0	6
70491	**Neck Tissue Scan**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
70492	**CT SOFT TISSUE NECK W/O and W/CONTRAST MATERIAL**		**12**	**1**	**0**	**13**
Approved			12	0	0	12
			12	0	0	12
Denied			0	1	0	1
			0	1	0	1
70496	**CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST**		**31**	**3**	**1**	**35**
Approved			31	0	0	31
			31	0	0	31
Denied			0	3	0	3
			0	3	0	3
Pend			0	0	1	1
			0	0	1	1
70498	**CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST**		**21**	**3**	**0**	**24**
Approved			21	0	0	21
			21	0	0	21
Denied			0	3	0	3
			0	3	0	3
70540	**MRI ORBIT FACE and /NECK W/O CONTRAST**		**6**	**2**	**0**	**8**
Approved			6	0	0	6
			6	0	0	6
Denied			0	2	0	2
			0	2	0	2
70543	**MRI ORBIT FACE and NECK W/O and W/CONTRAST MATRL**		**28**	**5**	**0**	**33**
Approved			28	0	0	28
			28	0	0	28
Denied			0	5	0	5
			0	5	0	5
70544	**MRA HEAD W/O CONTRST MATERIAL**		**39**	**5**	**0**	**44**
Approved			39	0	0	39
			39	0	0	39
Denied			0	5	0	5
			0	5	0	5
70546	**MRA HEAD W/O and W/CONTRAST MATERIAL**		**10**	**1**	**0**	**11**
Approved			10	0	0	10
			10	0	0	10
Denied			0	1	0	1
			0	1	0	1
70547	**MRA NECK W/O CONTRST MATERIAL**		**12**	**2**	**0**	**14**
Approved			12	0	0	12
			12	0	0	12
Denied			0	2	0	2
			0	2	0	2
70548	**MRA NECK W/CONTRAST MATERIAL**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1

Denied			0	1	0	1
			0	1	0	1
70551	**Brain Magnetic Resonance Imaging (MRI) Scan**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
70551	**MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL**		**154**	**22**	**0**	**176**
Approved			154	0	0	154
			154	0	0	154
Denied			0	22	0	22
			0	22	0	22
70552	**MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
70553	**Brain Magnetic Resonance Imaging (MRI) with Contrast**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
70553	**MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL**		**311**	**28**	**2**	**341**
Approved			311	0	0	311
			311	0	0	311
Denied			0	28	0	28
			0	28	0	28
Pend			0	0	2	2
			0	0	2	2
70554	**MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
70557	**MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
71045	**RADIOLOGIC EXAM CHEST SINGLE VIEW**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
71046	**RADIOLOGIC EXAM CHEST 2 VIEWS**		**10**	**4**	**0**	**14**
Approved			10	0	0	10
			9	0	0	9
Denied			0	4	0	4
			0	4	0	4
71250	**DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST**		**34**	**2**	**1**	**37**
Approved			34	0	0	34
			34	0	0	34
Denied			0	2	0	2
			0	2	0	2
Pend			0	0	1	1
			0	0	1	1
71260	**ChestComputed Tomography (CT) Scan**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
71260	**DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST**		**31**	**3**	**1**	**35**
Approved			31	0	0	31

			31	0	0	31
Denied			0	3	0	3
			0	3	0	3
Pend			0	0	1	1
			0	0	1	1
71270	**DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C Plus**		**10**	**1**	**0**	**11**
Approved			10	0	0	10
			9	0	0	9
Denied			0	1	0	1
			0	1	0	1
71271	**COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
71275	**Chest Vessel Scan**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
71275	**CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST**		**50**	**10**	**0**	**60**
Approved			50	0	0	50
			50	0	0	50
Denied			0	10	0	10
			0	10	0	10
71550	**MRI CHEST W/O CONTRAST MATERIAL**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
71552	**MRI CHEST W/O and W/CONTRAST MATERIAL**		**5**	**1**	**0**	**6**
Approved			5	0	0	5
			5	0	0	5
Denied			0	1	0	1
			0	1	0	1
71555	**MRA CHEST W/O and W/CONTRAST MATERIAL**		**13**	**0**	**0**	**13**
Approved			13	0	0	13
			13	0	0	13
72125	**CT CERVICAL SPINE W/O CONTRAST MATERIAL**		**17**	**10**	**0**	**27**
Approved			17	0	0	17
			17	0	0	17
Denied			0	10	0	10
			0	10	0	10
72126	**CT CERVICAL SPINE W/CONTRAST MATERIAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
72128	**CT THORACIC SPINE W/O CONTRAST MATERIAL**		**3**	**2**	**0**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	2	0	2
			0	2	0	2
72131	**CT LUMBAR SPINE W/O CONTRAST MATERIAL**		**19**	**14**	**0**	**33**
Approved			19	0	0	19
			19	0	0	19

Denied			0	14	0	14
			0	14	0	14
72132	**CT LUMBAR SPINE W/CONTRAST MATERIAL**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
72133	**CT LUMBAR SPINE W/O and W/CONTRAST MATERIAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
72141	**MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL**		**155**	**70**	**0**	**225**
Approved			155	0	0	155
			155	0	0	155
Denied			0	70	0	70
			0	70	0	70
72141	**Spine Magnetic Resonance Imaging (MRI) Scan**		**3**	**2**	**0**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	2	0	2
			0	2	0	2
72142	**MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
72146	**MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL**		**46**	**14**	**0**	**60**
Approved			46	0	0	46
			46	0	0	46
Denied			0	14	0	14
			0	14	0	14
72146	**Spine Magnetic Resonance Imaging (MRI) Scan**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
72147	**MRI SPINAL CANAL THORACIC W/CONTRAST MATRL**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
72148	**MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL**		**213**	**116**	**1**	**330**
Approved			213	0	0	213
			212	0	0	212
Denied			0	116	0	116
			0	116	0	116
Pend			0	0	1	1
			0	0	1	1
72148	**Spine Magnetic Resonance Imaging (MRI) Scan**		**7**	**5**	**0**	**12**
Approved			7	0	0	7
			7	0	0	7
Denied			0	5	0	5
			0	5	0	5
72149	**MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL**		**6**	**4**	**0**	**10**
Approved			6	0	0	6
			6	0	0	6
Denied			0	4	0	4
			0	4	0	4
72156	**MRI SPINAL CANAL CERVICAL W/O and W/CONTR MATRL**		**46**	**11**	**0**	**57**

Approved			46	0	0	46
			46	0	0	46
Denied			0	11	0	11
			0	11	0	11
72156	**Spinal Magnetic Resonance Imaging (MRI) with Contrast**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
72157	**MRI SPINAL CANAL THORACIC W/O and W/CONTR MATRL**		**30**	**5**	**0**	**35**
Approved			30	0	0	30
			30	0	0	30
Denied			0	5	0	5
			0	5	0	5
72157	**Spinal Magnetic Resonance Imaging (MRI) Scan**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
72158	**MRI SPINAL CANAL LUMBAR W/O and W/CONTR MATRL**		**38**	**17**	**0**	**55**
Approved			38	0	0	38
			38	0	0	38
Denied			0	17	0	17
			0	17	0	17
72170	**RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
72191	**CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
72192	**CT PELVIS W/O CONTRAST MATERIAL**		**7**	**2**	**0**	**9**
Approved			7	0	0	7
			7	0	0	7
Denied			0	2	0	2
			0	2	0	2
72192	**PelvicComputed Tomography (CT) Scan**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
72193	**CT PELVIS W/CONTRAST MATERIAL**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
72194	**CT PELVIS W/O and W/CONTRAST MATERIAL**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
72195	**MRI PELVIS W/O CONTRAST MATERIAL**		**12**	**7**	**0**	**19**
Approved			12	0	0	12
			12	0	0	12
Denied			0	7	0	7
			0	7	0	7
72195	**Pelvic Magnetic Resonance Imaging (MRI) Scan**		**1**	**0**	**0**	**1**

Approved			1	0	0	1
			1	0	0	1
72196	**MRI PELVIS W/CONTRAST MATERIAL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
72196	**Pelvic Magnetic Resonance Imaging (MRI) Scan**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
72197	**MRI PELVIS W/O and W/CONTRAST MATERIAL**		**128**	**12**	**1**	**141**
Approved			128	0	0	128
			128	0	0	128
Denied			0	12	0	12
			0	12	0	12
Pend			0	0	1	1
			0	0	1	1
72197	**Pelvic Magnetic Resonance Imaging (MRI) with Contrast**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
72198	**MRA PELVIS W/WO CONTRAST MATERIAL**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
73140	**RADEX FINGR MINIMUM 2 VIEWS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
73200	**CT UPPER EXTREMITY W/O CONTRAST MATERIAL**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
73206	**CT ANGIOGRAPHY UPPER EXTREMITY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
73218	**MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL**		**15**	**4**	**0**	**19**
Approved			15	0	0	15
			15	0	0	15
Denied			0	4	0	4
			0	4	0	4
73220	**MRI UPPER EXTREM OTHER THAN JT W/O and W/CONTRAS**		**8**	**0**	**0**	**8**
Approved			8	0	0	8
			8	0	0	8
73221	**Arm Joint Magnetic Resonance Imaging (MRI)**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
73221	**MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL**		**124**	**30**	**0**	**154**
Approved			124	0	0	124
			124	0	0	124
Denied			0	30	0	30
			0	30	0	30

73222	**MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL**		**11**	**0**	**0**	**11**
Approved			11	0	0	11
			11	0	0	11
73223	**MRI ANY JT UPPER EXTREMITY W/O and W/CONTR MATRL**		**13**	**2**	**0**	**15**
Approved			13	0	0	13
			13	0	0	13
Denied			0	2	0	2
			0	2	0	2
73225	**MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
73502	**RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
73523	**RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
73562	**RADIOLOGIC EXAMINATION KNEE 3 VIEWS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
73590	**RADIOLOGIC EXAMINATION TIBIA AND FIBULA 2 VIEWS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
73700	**CT LOWER EXTREMITY W/O CONTRAST MATERIAL**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
73701	**CT LOWER EXTREMITY W/CONTRAST MATERIAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
73718	**MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL**		**29**	**5**	**0**	**34**
Approved			29	0	0	29
			29	0	0	29
Denied			0	5	0	5
			0	5	0	5
73720	**MRI LOWER EXTREM OTH/THN JT W/O and W/CONTR MATR**		**16**	**2**	**0**	**18**
Approved			16	0	0	16
			16	0	0	16
Denied			0	2	0	2
			0	2	0	2
73721	**Leg Joint Magnetic Resonance Imaging (MRI)**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
73721	**MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL**		**212**	**36**	**0**	**248**
Approved			212	0	0	212
			212	0	0	212
Denied			0	36	0	36
			0	36	0	36
73722	**MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2

73723	**MRI ANY JT LOWER EXTREM W/O and W/CONTRAST MATRL**		**21**	**7**	**0**	**28**
Approved			21	0	0	21
			21	0	0	21
Denied			0	7	0	7
			0	7	0	7
73725	**MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
74150	**CT ABDOMEN W/O CONTRAST MATERIAL**		**22**	**3**	**0**	**25**
Approved			22	0	0	22
			22	0	0	22
Denied			0	3	0	3
			0	3	0	3
74160	**CT ABDOMEN W/CONTRAST MATERIAL**		**35**	**5**	**0**	**40**
Approved			35	0	0	35
			35	0	0	35
Denied			0	5	0	5
			0	5	0	5
74170	**CT ABDOMEN W/O and W/CONTRAST MATERIAL**		**78**	**11**	**0**	**89**
Approved			78	0	0	78
			78	0	0	78
Denied			0	11	0	11
			0	11	0	11
74170	**CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
74174	**CT ANGIO ABD and PLVIS CNTRST MTRL W/WO CNTRST IMG**		**25**	**6**	**0**	**31**
Approved			25	0	0	25
			25	0	0	25
Denied			0	6	0	6
			0	6	0	6
74174	**CTA ABD and PLVS W/CNTRST and IMG POSTPROCESSING**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
74175	**CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
74176	**CT ABDOMEN and PELVIS W/O CONTRAST MATERIAL**		**169**	**14**	**0**	**183**
Approved			169	0	0	169
			169	0	0	169
Denied			0	14	0	14
			0	14	0	14
74176	**Stomach / Pelvis Scan**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
74177	**CT ABDOMEN and PELVIS W/CONTRAST MATERIAL**		**453**	**32**	**1**	**486**
Approved			453	0	0	453
			453	0	0	453
Denied			0	32	0	32
			0	32	0	32

Pend			0	0	1	1
			0	0	1	1
74177	**Stomach / Pelvis Scan**		**10**	**1**	**0**	**11**
Approved			10	0	0	10
			10	0	0	10
Denied			0	1	0	1
			0	1	0	1
74178	**CT ABD and PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH**		**7**	**1**	**0**	**8**
APPROVED			7	0	0	7
			6	0	0	6
Denied			0	1	0	1
			0	1	0	1
74178	**CT ABDOMEN and PELVIS W/O CONTRST 1 OR GT BODY RE**		**215**	**27**	**2**	**244**
Approved			215	0	0	215
			215	0	0	215
Denied			0	27	0	27
			0	27	0	27
Pend			0	0	2	2
			0	0	2	2
74178	**Stomach / Pelvis Scan**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
74181	**MRI ABDOMEN W/O CONTRAST MATERIAL**		**17**	**3**	**0**	**20**
Approved			17	0	0	17
			17	0	0	17
Denied			0	3	0	3
			0	3	0	3
74183	**MRI ABDOMEN W/O and W/CONTRAST MATERIAL**		**207**	**20**	**0**	**227**
Approved			207	0	0	207
			207	0	0	207
Denied			0	20	0	20
			0	20	0	20
74183	**MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
74183	**Stomach Magnetic Resonance Imaging (MRI) Scan With and WithoutContrast**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
74185	**MRA ABDOMEN W/WO CONTRAST MATERIAL**		**5**	**1**	**0**	**6**
Approved			5	0	0	5
			5	0	0	5
Denied			0	1	0	1
			0	1	0	1
74240	**RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
74250	**RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
74263	**CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
74270	**RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
74455	**URETHROCYSTOGRAPHY VOIDING RS AND I**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
74712	**FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
74742	**TRANSCERVICAL CATHJ FALLOPIAN TUBE RS AND I**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
75557	**CARDIAC MRI MORPHOLOGY and FUNCTION W/O CONTRAST**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
75561	**CARDIAC MRI W/WO CONTRAST and FURTHER SEQ**		**19**	**2**	**0**	**21**
Approved			19	0	0	19
			19	0	0	19
Denied			0	2	0	2
			0	2	0	2
75561	**Heart Magnetic Resonance Imaging (MRI) with Contrast**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
75563	**CARDIAC MRI W/W/O CONTRAST W/STRESS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
75565	**CARDIAC MRI FOR VELOCITY FLOW MAPPING**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
75571	**CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM**		**15**	**23**	**0**	**38**
Approved			15	0	0	15
			15	0	0	15
Denied			0	23	0	23
			0	23	0	23
75571	**Heart Calcium Scan**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
75572	**CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
75573	**CT HEART C Plus CARDIAC STRUX and MORPH CGEN HRT DS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
75574	**CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST**		**56**	**23**	**0**	**79**

Approved			56	0	0	56
			56	0	0	56
Denied			0	23	0	23
			0	23	0	23
75574	**Heart Vessel Scan**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
75605	**AORTOGRAPHY THORACIC SERIALOGRAPHY RS AND I**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
75630	**AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS AND I**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
75635	**CTA ABDL AORTA and BI ILIOFEM W/CONTRAST and POSTP**		**13**	**2**	**0**	**15**
Approved			13	0	0	13
			13	0	0	13
Denied			0	2	0	2
			0	2	0	2
75710	**ANGIOGRAPHY EXTREMITY UNILATERAL RS AND I**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
75716	**ANGIOGRAPHY EXTREMITY BILATERAL RS AND I**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
75726	**ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS and I**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
75774	**ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS AND I**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
75825	**VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS AND I**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
75831	**VENOGRAPHY RENAL UNILATERAL SELECTIVE RS AND I**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
76000	**FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
76376	**3D RENDERING W/INTERP and POSTPROCESS SUPERVISION**		**2**	**2**	**0**	**4**
Approved			2	0	0	2
			2	0	0	2
Denied			0	2	0	2
			0	2	0	2
76377	**3D RENDERING W/INTERP and POSTPROC DIFF WORK STATION**		**16**	**7**	**0**	**23**

Approved			16	0	0	16
			15	0	0	15
Denied			0	7	0	7
			0	7	0	7
76391	**MAGNETIC RESONANCE ELASTOGRAPHY**		**11**	**2**	**0**	**13**
Approved			11	0	0	11
			11	0	0	11
Denied			0	2	0	2
			0	2	0	2
76391	**Tissue Stiffness Test**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
76497	**UNLISTED COMPUTED TOMOGRAPHY PROCEDURE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
76498	**UNLISTED MAGNETIC RESONANCE PROCEDURE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
76519	**OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
76536	**US SOFT TISSUE HEAD AND NECK REAL TIME IMGE DOCM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
76700	**US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION**		**6**	**3**	**0**	**9**
Approved			6	0	0	6
			6	0	0	6
Denied			0	3	0	3
			0	3	0	3
76705	**US ABDOMINAL REAL TIME W/IMAGE LIMITED**		**1**	**3**	**0**	**4**
Approved			1	0	0	1
			1	0	0	1
Denied			0	3	0	3
			0	3	0	3
76706	**US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
76770	**Stomach Ultrasound**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
76770	**US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE**		**9**	**3**	**0**	**12**
Approved			9	0	0	9
			9	0	0	9
Denied			0	3	0	3
			0	3	0	3
76775	**US RETROPERITONEAL REAL TIME W/IMAGE LIMITED**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2

76801	**US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT**		**5**	**3**	**0**	**8**
Approved			5	0	0	5
			5	0	0	5
Denied			0	3	0	3
			0	3	0	3
76805	**Pregnancy Ultrasound**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
76805	**US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION**		**1**	**5**	**0**	**6**
Approved			1	0	0	1
			1	0	0	1
Denied			0	5	0	5
			0	5	0	5
76811	**US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION**		**13**	**7**	**0**	**20**
Approved			13	0	0	13
			13	0	0	13
Denied			0	7	0	7
			0	7	0	7
76813	**US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION**		**2**	**3**	**0**	**5**
Approved			2	0	0	2
			2	0	0	2
Denied			0	3	0	3
			0	3	0	3
76815	**US PREGNANT UTERUS LIMITED 1 OR GT FETUSES**		**38**	**12**	**0**	**50**
Approved			38	0	0	38
Denied			0	12	0	12
			0	12	0	12
76816	**Pregnancy Ultrasound**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
76816	**US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS**		**53**	**14**	**0**	**67**
Approved			53	0	0	53
			51	0	0	51
Denied			0	14	0	14
			0	14	0	14
76817	**US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG**		**9**	**5**	**0**	**14**
Approved			9	0	0	9
			9	0	0	9
Denied			0	5	0	5
			0	5	0	5
76819	**FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING**		**49**	**14**	**0**	**63**
Approved			49	0	0	49
			47	0	0	47
Denied			0	14	0	14
			0	14	0	14
76819	**Fetal Ultrasound**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
76820	**DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY**		**51**	**10**	**0**	**61**

Approved			51	0	0	51
			49	0	0	49
Denied			0	10	0	10
			0	10	0	10
76821	**DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART**		**52**	**11**	**0**	**63**
Approved			52	0	0	52
			50	0	0	50
Denied			0	11	0	11
			0	11	0	11
76825	**ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
76826	**ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
76827	**DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
76828	**DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
76870	**US SCROTUM AND CONTENTS**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
76882	**US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG**		**0**	**1**	**0**	**1**
DENIED			0	1	0	1
Denied for No Pre-authorization			0	1	0	1
76937	**US VASC ACCESS SITS VSL PATENCY NDL ENTRY**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
76942	**US GUIDANCE NEEDLE PLACEMENT IMG S AND I**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
76945	**US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S AND I**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
76946	**US GUIDANCE AMNIOCENTESIS IMG S AND I**		**5**	**5**	**0**	**10**
Approved			5	0	0	5
			5	0	0	5
Denied			0	5	0	5
			0	5	0	5
76981	**ULTRASOUND ELASTOGRAPHY PARENCHYMA**		**3**	**0**	**0**	**3**

Approved			3	0	0	3
			3	0	0	3
76998	**ULTRASONIC GUIDANCE INTRAOPERATIVE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
77001	**FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
77002	**FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
77011	**CT GUIDANCE STEREOTACTIC LOCALIZATION**		**1**	**1**	**0**	**2**
APPROVED			1	0	0	1
DENIED			0	1	0	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
77012	**CT GUIDANCE NEEDLE PLACEMENT**		**2**	**1**	**1**	**4**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
Pend			0	0	1	1
			0	0	1	1
77014	**CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
77047	**MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
77048	**MRI BREAST W/OUT and WITH CONTRAST W/CAD UNILATERAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
77049	**Breast Magnetic Resonance Imaging (MRI) Scan**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
77049	**MRI BREAST WITHOUT and WITH CONTRAST W/CAD BILATERAL**		**44**	**4**	**0**	**48**
Approved			44	0	0	44
			44	0	0	44
Denied			0	4	0	4
			0	4	0	4
77063	**SCREENING DIGITAL BREAST TOMOSYNTHESIS BI**		**1**	**2**	**0**	**3**
Approved			1	0	0	1

			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
77067	**SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD**		**3**	**2**	**0**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	2	0	2
			0	2	0	2
77072	**BONE AGE STUDIES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
77080	**DXA BONE DENSITY STUDY 1 OR GT SITES AXIAL SKEL**		**1**	**3**	**0**	**4**
Approved			1	0	0	1
			1	0	0	1
Denied			0	3	0	3
			0	3	0	3
77263	**THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX**		**3**	**2**	**0**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	2	0	2
			0	2	0	2
77280	**THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
77290	**THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX**		**1**	**3**	**0**	**4**
Approved			1	0	0	1
			1	0	0	1
Denied			0	3	0	3
			0	3	0	3
77293	**RESPIRATORY MOTION MANAGEMENT SIMULATION**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
77295	**3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
77300	**BASIC RADIATION DOSIMETRY CALCULATION**		**3**	**5**	**0**	**8**
Approved			3	0	0	3
			3	0	0	3
Denied			0	5	0	5
			0	5	0	5
77301	**NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS**		**2**	**2**	**0**	**4**
Approved			2	0	0	2
			2	0	0	2
Denied			0	2	0	2
			0	2	0	2
77334	**TX DEVICES DESIGN AND CONSTRUCTION COMPLEX**		**2**	**3**	**0**	**5**
Approved			2	0	0	2
			2	0	0	2

Denied			0	3	0	3
			0	3	0	3
77336	**CONTINUING MEDICAL PHYSICS CONSLTJ PR WK**		**3**	**3**	**0**	**6**
Approved			3	0	0	3
			3	0	0	3
Denied			0	3	0	3
			0	3	0	3
77338	**MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN**		**2**	**2**	**0**	**4**
Approved			2	0	0	2
			2	0	0	2
Denied			0	2	0	2
			0	2	0	2
77385	**INTENSITY MODULATED RADIATION TX DLVR SIMPLE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
77386	**INTENSITY MODULATED RADIATION TX DLVR COMPLEX**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
77387	**GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
77399	**UNLISTD PX MED RADJ PHYSIC DOSIM and TX DEV and SPEC SVC**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
77412	**RADIATION TREATMENT DELIVERY 1 MEV Equal to GT COMPLEX**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
77417	**THERAPEUTIC RADIOLOGY PORT IMAGES(S)**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
77427	**RADIATION TREATMENT MANAGEMENT 5 TREATMENTS**		**3**	**2**	**0**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	2	0	2
			0	2	0	2
77470	**SPECIAL TREATMENT PROCEDURE**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
77520	**PROTON TX DELIVERY SIMPLE W/O COMPENSATION**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
77522	**PROTON TX DELIVERY SIMPLE W/COMPENSATION**		**6**	**0**	**0**	**6**
Approved			6	0	0	6

			6	0	0	6
77523	**PROTON TX DELIVERY INTERMEDIATE**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
77525	**PROTON TX DELIVERY COMPLEX**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
78201	**LIVER IMAGING STATIC ONLY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
78226	**HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
78227	**HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
78306	**BONE and /JOINT IMAGING WHOLE BODY**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
78431	**Heart Blood Flow Scan**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
78431	**MYOCRD IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT**		**25**	**19**	**0**	**44**
Approved			25	0	0	25
			24	0	0	24
Denied			0	19	0	19
			0	19	0	19
78433	**MYOCRD IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
78434	**AQMBF PET REST AND PHARMACOLOGIC STRESS**		**3**	**0**	**0**	**3**
APPROVED			3	0	0	3
			2	0	0	2
78451	**MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS**		**13**	**5**	**0**	**18**
Approved			13	0	0	13
			13	0	0	13
Denied			0	5	0	5
			0	5	0	5
78452			**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
78452	**Heart Stress Test**		**6**	**1**	**0**	**7**
Approved			6	0	0	6
			6	0	0	6

Denied			0	1	0	1
			0	1	0	1
78452	**MYOCARDIAL SPECT MULTIPLE STUDIES**		**265**	**132**	**0**	**397**
Approved			265	0	0	265
			264	0	0	264
Denied			0	132	0	132
			0	132	0	132
78454	**MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES**		**5**	**8**	**0**	**13**
Approved			5	0	0	5
			5	0	0	5
Denied			0	8	0	8
			0	8	0	8
78472	**CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
78492	**MYOCRD IMG PET PRFUJ MULTIPLE STUDY REST AND STRESS**		**1**	**4**	**0**	**5**
Approved			1	0	0	1
			1	0	0	1
Denied			0	4	0	4
			0	4	0	4
78598	**QUANT DIFF PULM PRFUSION and VENTLAJ W/WO IMAGIN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
78608	**BRAIN IMAGING PET METABOLIC EVALUATION**		**3**	**3**	**0**	**6**
Approved			3	0	0	3
Denied			0	3	0	3
			0	3	0	3
78708	**KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
78801	**RP LOCLZJ TUM PLNR 2 Plus AREA 1 Plus D IMG/1 AREA IMG GT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
78803	**RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
78815	**Full Body Scan**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
78815	**PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH**		**287**	**11**	**0**	**298**
Approved			287	0	0	287
			286	0	0	286
Denied			0	11	0	11
			0	11	0	11
78816	**Body Scan**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
78816	**PET IMAGING FOR CT ATTENUATION WHOLE BODY**		**25**	**3**	**0**	**28**
Approved			25	0	0	25

			25	0	0	25
Denied			0	3	0	3
			0	3	0	3
79445	**RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
80048	**BASIC METABOLIC PANEL CALCIUM TOTAL**		**15**	**3**	**0**	**18**
Approved			15	0	0	15
			15	0	0	15
Denied			0	3	0	3
			0	3	0	3
80050	**GENERAL HEALTH PANEL**		**9**	**2**	**0**	**11**
Approved			9	0	0	9
			9	0	0	9
Denied			0	2	0	2
			0	2	0	2
80051	**Electrolyte panel**		**8**	**2**	**0**	**10**
Approved			8	0	0	8
			8	0	0	8
Denied			0	2	0	2
			0	2	0	2
80053	**Blood Chemistry Test**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
80053	**COMPREHENSIVE METABOLIC PANEL**		**21**	**5**	**0**	**26**
Approved			21	0	0	21
			21	0	0	21
Denied			0	5	0	5
			0	5	0	5
80061	**Lipid Check**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
80061	**LIPID PANEL**		**8**	**2**	**0**	**10**
Approved			8	0	0	8
			8	0	0	8
Denied			0	2	0	2
			0	2	0	2
80069	**RENAL FUNCTION PANEL**		**27**	**1**	**0**	**28**
Approved			27	0	0	27
			27	0	0	27
Denied			0	1	0	1
			0	1	0	1
80074	**ACUTE HEPATITIS PANEL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
80076	**HEPATIC FUNCTION PANEL**		**27**	**1**	**0**	**28**
Approved			27	0	0	27
			27	0	0	27

Denied			0	1	0	1
			0	1	0	1
80076	**Liver Panel Test**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
80164	**DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
80195	**DRUG SCREEN QUANTITATIVE SIROLIMUS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
80197	**DRUG SCREEN QUANTITATIVE TACROLIMUS**		**13**	**2**	**0**	**15**
Approved			13	0	0	13
			13	0	0	13
Denied			0	2	0	2
			0	2	0	2
80299	**QUANTITATION DRUG NOT ELSEWHERE SPECIFIED**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
80307	**DRUG TEST**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
80307	**DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE**		**8**	**13**	**0**	**21**
Approved			8	0	0	8
			7	0	0	7
Denied			0	13	0	13
			0	13	0	13
80321	**DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
80324	**DRUG SCREEN QUANT AMPHETAMINES 1 OR 2**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
80335	**ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
80346	**DRUG SCREENING BENZODIAZEPINES 1-12**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
80349	**DRUG SCREENING CANNABINOIDS NATURAL**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1

Denied			0	2	0	2
			0	2	0	2
80353	**DRUG SCREENING COCAINE**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
80354	**DRUG SCREENING FENTANYL**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
80362	**DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
81001	**Urine Microscope Test**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
81001	**URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY**		**10**	**1**	**0**	**11**
Approved			10	0	0	10
			10	0	0	10
Denied			0	1	0	1
			0	1	0	1
81002	**URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81003	**URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
81015	**URINALYSIS MICROSCOPIC ONLY**		**15**	**1**	**0**	**16**
Approved			15	0	0	15
			15	0	0	15
Denied			0	1	0	1
			0	1	0	1
81120	**IDH1 COMMON VARIANTS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81121	**IDH2 COMMON VARIANTS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81161	**DMD DUPLICATION/DELETION ANALYSIS**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
81162	**BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS**		**8**	**26**	**0**	**34**
APPROVED			8	0	0	8
			7	0	0	7
Denied			0	26	0	26
			0	26	0	26

81163	**BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81165	**BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81167	**BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81170	**ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81173	**AR GENE ANALYSIS FULL GENE SEQUENCE**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
81175	**ASXL1 GENE ANALYSIS FULL GENE SEQUENCE**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81194	**NTRK TRANSLOCATION ANALYSIS**		**0**	**4**	**0**	**4**
Denied			0	4	0	4
			0	4	0	4
81200	**ASPA GENE ANALYSIS COMMON VARIANTS**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
81201	**APC GENE ANALYSIS FULL GENE SEQUENCE**		**4**	**5**	**0**	**9**
Approved			4	0	0	4
			4	0	0	4
Denied			0	5	0	5
			0	5	0	5
81202	**APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81203	**APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS**		**3**	**3**	**0**	**6**
Approved			3	0	0	3
			3	0	0	3
Denied			0	3	0	3
			0	3	0	3
81205	**BCKDHB GENE ANALYSIS COMMON VARIANTS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81206	**BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE**		**0**	**5**	**0**	**5**
Denied			0	5	0	5
			0	5	0	5
81207	**BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE**		**0**	**4**	**0**	**4**
Denied			0	4	0	4
			0	4	0	4
81208	**BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81209	**BLM GENE ANALYSIS 2281DEL6INS7 VARIANT**		**0**	**3**	**0**	**3**

Denied			0	3	0	3
			0	3	0	3
81210	**BRAF GENE ANALYSIS V600 VARIANT(S)**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81216	**BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81218	**CEBPA GENE ANALYSIS FULL GENE SEQUENCE**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81219	**CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81220	**CFTR GENE ANALYSIS COMMON VARIANTS**		**0**	**11**	**0**	**11**
Denied			0	11	0	11
			0	11	0	11
81225	**CYP2C19 GENE ANALYSIS COMMON VARIANTS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81226	**CYP2D6 GENE ANALYSIS COMMON VARIANTS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81227	**CYP2C9 GENE ANALYSIS COMMON VARIANTS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81229	**CYTOG ALYS CHRMOML ABNOR CPY NUMBER and SNP VRNT CGH**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
81235	**EGFR GENE ANALYSIS COMMON VARIANTS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81236	**EZH2 GENE ANALYSIS FULL GENE SEQUENCE**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81238	**F9 FULL GENE SEQUENCE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
81242	**FANCC GENE ANALYSIS COMMON VARIANT**		**0**	**4**	**0**	**4**
Denied			0	4	0	4
			0	4	0	4
81243	**FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
81245	**FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81246	**FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS**		**1**	**0**	**0**	**1**

Approved			1	0	0	1
			1	0	0	1
81250	**G6PC GENE ANALYSIS COMMON VARIANTS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81251	**GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81252	**GJB2 GENE ANALYSIS FULL GENE SEQUENCE**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81254	**GJB6 GENE ANALYSIS COMMON VARIANTS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81255	**HEXA GENE ANALYSIS COMMON VARIANTS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81257	**HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT**		**0**	**11**	**0**	**11**
Denied			0	11	0	11
			0	11	0	11
81260	**IKBKAP GENE ANALYSIS COMMON VARIANTS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81265	**COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC**		**12**	**3**	**0**	**15**
Approved			12	0	0	12
			10	0	0	10
Denied			0	3	0	3
			0	3	0	3
81266	**COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81270	**JAK2 GENE ANALYSIS P.VAL617PHE VARIANT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81272	**KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81275	**KRAS GENE ANALYSIS VARIANTS IN EXON 2**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81276	**KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81279	**JAK2 TARGETED SEQUENCE ANALYSIS**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
81290	**MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81291	**MTHFR GENE ANALYSIS COMMON VARIANTS**		**0**	**1**	**0**	**1**

Denied			0	1	0	1
			0	1	0	1
81292	**MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS**		**6**	**12**	**0**	**18**
Approved			6	0	0	6
			6	0	0	6
Denied			0	12	0	12
			0	12	0	12
81294	**MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS**		**1**	**7**	**0**	**8**
Approved			1	0	0	1
			1	0	0	1
Denied			0	7	0	7
			0	7	0	7
81295	**MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS**		**6**	**11**	**1**	**18**
Approved			6	0	0	6
			6	0	0	6
Denied			0	11	0	11
			0	11	0	11
Pend			0	0	1	1
			0	0	1	1
81297	**MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS**		**1**	**6**	**0**	**7**
Approved			1	0	0	1
			1	0	0	1
Denied			0	6	0	6
			0	6	0	6
81298	**MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS**		**5**	**9**	**0**	**14**
Approved			5	0	0	5
			5	0	0	5
Denied			0	9	0	9
			0	9	0	9
81300	**MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA**		**4**	**9**	**0**	**13**
Approved			4	0	0	4
			4	0	0	4
Denied			0	9	0	9
			0	9	0	9
81301	**MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
81307	**PALB2 GENE ANALYSIS FULL GENE SEQUENCE**		**1**	**13**	**0**	**14**
Approved			1	0	0	1
			1	0	0	1
Denied			0	13	0	13
			0	13	0	13
81309	**PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81311	**NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81314	**PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2

			0	2	0	2
81317	**PMS2 GENE ANALYSIS FULL SEQUENCE**		**3**	**9**	**0**	**12**
Approved			3	0	0	3
			3	0	0	3
Denied			0	9	0	9
			0	9	0	9
81319	**PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS**		**1**	**7**	**0**	**8**
Approved			1	0	0	1
			1	0	0	1
Denied			0	7	0	7
			0	7	0	7
81321	**PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS**		**0**	**6**	**0**	**6**
Denied			0	6	0	6
			0	6	0	6
81323	**PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
81329	**SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS**		**0**	**10**	**0**	**10**
Denied			0	10	0	10
			0	10	0	10
81330	**SMPD1 GENE ANALYSIS COMMON VARIANTS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81339	**MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81345	**TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
81349	**CYTOG ALYS CHRMOML ABNOR LOW-PASS SEQ ALYS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81351	**TP53 GENE ANALYSIS FULL GENE SEQUENCE**		**0**	**7**	**0**	**7**
Denied			0	7	0	7
			0	7	0	7
81361	**HBB COMMON VARIANTS**		**0**	**10**	**0**	**10**
Denied			0	10	0	10
			0	10	0	10
81372	**HLA CLASS I TYPING LOW RESOLUTION COMPLETE**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			2	0	0	2
81377	**HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81378	**HLA I AND II HIGH RESOLUTION HLA-A -B -C AND -DRB1**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
81380	**HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA**		**0**	**1**	**0**	**1**

Denied			0	1	0	1
			0	1	0	1
81381	**HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81382	**HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81383	**HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81400	**MOLECULAR PATHOLOGY PROCEDURE LEVEL 1**		**0**	**4**	**0**	**4**
Denied			0	4	0	4
			0	4	0	4
81401	**MOLECULAR PATHOLOGY PROCEDURE LEVEL 2**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
81402	**MOLECULAR PATHOLOGY PROCEDURE LEVEL 3**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81403	**MOLECULAR PATHOLOGY PROCEDURE LEVEL 4**		**1**	**7**	**0**	**8**
Approved			1	0	0	1
			1	0	0	1
Denied			0	7	0	7
			0	7	0	7
81404	**MOLECULAR PATHOLOGY PROCEDURE LEVEL 5**		**1**	**6**	**0**	**7**
Approved			1	0	0	1
			1	0	0	1
Denied			0	6	0	6
			0	6	0	6
81405	**MOLECULAR PATHOLOGY PROCEDURE LEVEL 6**		**1**	**9**	**0**	**10**
Approved			1	0	0	1
			1	0	0	1
Denied			0	9	0	9
			0	9	0	9
81406	**MOLECULAR PATHOLOGY PROCEDURE LEVEL 7**		**0**	**13**	**0**	**13**
Denied			0	13	0	13
			0	13	0	13
81407	**MOLECULAR PATHOLOGY PROCEDURE LEVEL 8**		**0**	**5**	**0**	**5**
Denied			0	5	0	5
			0	5	0	5
81408	**MOLECULAR PATHOLOGY PROCEDURE LEVEL 9**		**0**	**7**	**0**	**7**
Denied			0	7	0	7
			0	7	0	7
81410	**AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81411	**AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2

81415	**EXOME SEQUENCE ANALYSIS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81416	**EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81418	**RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81420	**FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS**		**10**	**18**	**0**	**28**
Approved			10	0	0	10
			10	0	0	10
Denied			0	18	0	18
			0	14	0	14
Denied for No Pre-authorization			0	4	0	4
81422	**FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81430	**HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
81431	**HEARING LOSS DUP/DEL ANALYSIS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
81432	**HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81433	**HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81435	**HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81436	**HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81439	**HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81443	**GENETIC TESTING FOR SEVERE INHERITED CONDITIONS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81450	**HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA and RNA ALYS**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
81455	**SO/HEMATOLYMPHOID NEO/DO 51 OR GT GSAP DNA/DNA and RNA**		**11**	**32**	**0**	**43**
Approved			11	0	0	11
			10	0	0	10
Denied			0	32	0	32

			0	32	0	32
81455	**TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR GT DNA/DNA and RNA**		**2**	**3**	**0**	**5**
Approved			2	0	0	2
			2	0	0	2
Denied			0	3	0	3
			0	3	0	3
81456	**SO/HEMATOLYMPHOID NEO/DO 51 OR GT RNA ANALYSIS**		**0**	**8**	**0**	**8**
Denied			0	8	0	8
			0	8	0	8
81456	**TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR GT RNA ANALYSIS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81479	**UNLISTED MOLECULAR PATHOLOGY PROCEDURE**		**3**	**18**	**0**	**21**
Approved			3	0	0	3
			3	0	0	3
Denied			0	18	0	18
			0	18	0	18
81518	**ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81519	**ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES**		**7**	**4**	**0**	**11**
Approved			7	0	0	7
			7	0	0	7
Denied			0	4	0	4
			0	4	0	4
81521	**ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
81541	**ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
81542	**ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES**		**0**	**2**	**0**	**2**
DENIED			0	2	0	2
Experimental Service or Procedure			0	2	0	2
81546	**ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
81551	**ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
81595	**CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
82040	**ALBUMIN SERUM PLASMA/WHOLE BLOOD**		**9**	**2**	**0**	**11**
Approved			9	0	0	9
			9	0	0	9
Denied			0	2	0	2

			0	2	0	2
82043	**URINE ALBUMIN QUANTITATIVE**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
82103	**ALPHA-1-ANTITRYPSIN TOTAL**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
82104	**ALPHA-1-ANTITRYPSIN PHENOTYPE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
82105	**ALPHA-FETOPROTEIN SERUM**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
82140	**ASSAY OF AMMONIA**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
82150	**ASSAY OF AMYLASE**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
82180	**ASSAY OF ASCORBIC ACID BLOOD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
82247	**BILIRUBIN TOTAL**		**12**	**2**	**0**	**14**
Approved			12	0	0	12
			12	0	0	12
Denied			0	2	0	2
			0	2	0	2
82248	**BILIRUBIN DIRECT**		**13**	**2**	**0**	**15**
Approved			13	0	0	13
			13	0	0	13
Denied			0	2	0	2
			0	2	0	2
82306	**25 HYDROXY INCLUDES FRACTIONS IF PERFORMED**		**12**	**6**	**0**	**18**
Approved			12	0	0	12
			12	0	0	12
Denied			0	6	0	6
			0	6	0	6
82306	**Vitamin D Test**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
82310	**CALCIUM TOTAL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2

			2	0	0	2
82374	**CARBON DIOXIDE BICARBONATE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
82375	**CARBOXYHEMOGLOBIN QUANTITATIVE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
82378	**CARCINOEMBRYONIC ANTIGEN CEA**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
82390	**CERULOPLASMIN**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
82435	**CHLORIDE BLD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
82525	**ASSAY OF COPPER**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
82533	**CORTISOL TOTAL**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
82550	**CREATINE KINASE TOTAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
82565	**CREATININE BLOOD**		**8**	**2**	**0**	**10**
Approved			8	0	0	8
			8	0	0	8
Denied			0	2	0	2
			0	2	0	2
82570	**CREATININE OTHER SOURCE**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
82575	**CREATININE CLEARANCE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
82607	**CYANOCOBALAMIN VITAMIN B-12**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
82610	**CYSTATIN C**		**9**	**0**	**0**	**9**
Approved			9	0	0	9
			9	0	0	9
82652	**1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED**		**1**	**1**	**0**	**2**
Approved			1	0	0	1

			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
82668	**ASSAY OF ERYTHROPOIETIN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
82670	**ASSAY OF TOTAL ESTRADIOL**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
82728	**ASSAY OF FERRITIN**		**15**	**5**	**0**	**20**
Approved			15	0	0	15
			15	0	0	15
Denied			0	5	0	5
			0	5	0	5
82728	**Iron Test**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
82746	**ASSAY OF FOLIC ACID SERUM**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
82784	**ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH**		**10**	**1**	**0**	**11**
Approved			10	0	0	10
			10	0	0	10
Denied			0	1	0	1
			0	1	0	1
82785	**ASSAY OF GAMMAGLOBULIN IGE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
82803	**BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
82805	**GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
82945	**GLUCOSE BODY FLUID OTHER THAN BLOOD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
82947	**GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
82962	**GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
82977	**ASSAY OF GLUTAMYLTRASE GAMMA**		**10**	**4**	**0**	**14**
Approved			10	0	0	10
			10	0	0	10
Denied			0	4	0	4
			0	4	0	4

83001	**GONADOTROPIN FOLLICLE STIMULATING HORMONE**		**6**	**1**	**0**	**7**
Approved			6	0	0	6
			6	0	0	6
Denied			0	1	0	1
			0	1	0	1
83002	**GONADOTROPIN LUTEINIZING HORMONE**		**6**	**1**	**0**	**7**
Approved			6	0	0	6
			6	0	0	6
Denied			0	1	0	1
			0	1	0	1
83010	**ASSAY OF HAPTOGLOBIN QUANTITATIVE**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
83020	**HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
83021	**HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
83036	**Blood Sugar Test**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
83036	**HEMOGLOBIN GLYCOSYLATED A1C**		**5**	**2**	**0**	**7**
Approved			5	0	0	5
			5	0	0	5
Denied			0	2	0	2
			0	2	0	2
83051	**HEMOGLOBIN PLASMA**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
83516	**IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
83520	**IMMUNOASSAY ANALYTE QUANTITATIVE NOS**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
83540	**ASSAY OF IRON**		**7**	**2**	**0**	**9**
Approved			7	0	0	7
			7	0	0	7
Denied			0	2	0	2
			0	2	0	2
83550	**IRON BINDING CAPACITY**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1

83615	**LACTATE DEHYDROGENASE LDH**		**14**	**2**	**0**	**16**
Approved			14	0	0	14
			13	0	0	13
Denied			0	2	0	2
			0	2	0	2
83655	**ASSAY OF LEAD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
83690	**ASSAY OF LIPASE**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
83721	**LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
83735	**ASSAY OF MAGNESIUM**		**19**	**3**	**0**	**22**
Approved			19	0	0	19
			18	0	0	18
Denied			0	3	0	3
			0	3	0	3
83872	**MUCIN SYNOVIAL FLUID ROPES TEST**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
83880	**NATRIURETIC PEPTIDE**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
83970	**ASSAY OF PARATHORMONE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
84075	**ASSAY OF PHOSPHATASE ALKALINE**		**9**	**2**	**0**	**11**
Approved			9	0	0	9
			9	0	0	9
Denied			0	2	0	2
			0	2	0	2
84100	**ASSAY OF PHOSPHORUS INORGANIC**		**16**	**2**	**0**	**18**
Approved			16	0	0	16
			15	0	0	15
Denied			0	2	0	2
			0	2	0	2
84132	**POTASSIUM SERUM PLASMA/WHOLE BLOOD**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
84134	**PREALBUMIN**		**8**	**1**	**0**	**9**
Approved			8	0	0	8
			8	0	0	8
Denied			0	1	0	1
			0	1	0	1
84153	**ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2

			1	0	0	1
84155	**PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
84156	**PROTEIN TOTAL XCPT REFRACTOMETRY URINE**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
84255	**ASSAY OF SELENIUM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
84260	**ASSAY OF SEROTONIN**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
84295	**SODIUM SERUM PLASMA OR WHOLE BLOOD**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
84305	**ASSAY OF SOMATOMEDIN**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
84403	**ASSAY OF TESTOSTERONE TOTAL**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
84436	**ASSAY OF THYROXINE TOTAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
84439	**ASSAY OF FREE THYROXINE**		**6**	**1**	**0**	**7**
Approved			6	0	0	6
			6	0	0	6
Denied			0	1	0	1
			0	1	0	1
84443	**ASSAY OF THYROID STIMULATING HORMONE TSH**		**9**	**3**	**0**	**12**
Approved			9	0	0	9
			9	0	0	9
Denied			0	3	0	3
			0	3	0	3
84443	**Thyroid Check**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
84446	**ASSAY OF TOCOPHEROL ALPHA VITAMIN E**		**2**	**2**	**0**	**4**
Approved			2	0	0	2
			2	0	0	2
Denied			0	2	0	2
			0	2	0	2
84450	**TRANSFERASE ASPARTATE AMINO AST SGOT**		**12**	**3**	**0**	**15**
Approved			12	0	0	12
			11	0	0	11

Denied			0	3	0	3
			0	3	0	3
84460	**TRANSFERASE ALANINE AMINO ALT SGPT**		**13**	**3**	**0**	**16**
Approved			13	0	0	13
			13	0	0	13
Denied			0	3	0	3
			0	3	0	3
84466	**ASSAY OF L7383TRANSFERRIN**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
84478	**ASSAY OF TRIGLYCERIDES**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
84479	**THYROID HORM UPTK/THYROID HORMONE BINDING RATIO**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
84520	**ASSAY OF UREA NITROGEN QUANTITATIVE**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
84550	**ASSAY OF BLOOD/URIC ACID**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
84590	**ASSAY OF VITAMIN A**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
84630	**ASSAY OF ZINC**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
84702	**GONADOTROPIN CHORIONIC QUANTITATIVE**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
85018	**BLOOD COUNT HEMOGLOBIN**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
85025	**Blood Cell Count Test**		**5**	**2**	**0**	**7**
Approved			5	0	0	5
			5	0	0	5
Denied			0	2	0	2
			0	2	0	2
85025	**BLOOD COUNT COMPLETE AUTO AND AUTO DIFRNTL WBC**		**80**	**21**	**0**	**101**

Approved			80	0	0	80
			79	0	0	79
Denied			0	21	0	21
			0	21	0	21
85027	**BLOOD COUNT COMPLETE AUTOMATED**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
85045	**BLOOD COUNT RETICULOCYTE AUTOMATED**		**22**	**6**	**0**	**28**
Approved			22	0	0	22
			22	0	0	22
Denied			0	6	0	6
			0	6	0	6
85046	**BLOOD COUNT RETICULOCYTES AUTO 1 OR GT CELL MEAS**		**11**	**2**	**0**	**13**
Approved			11	0	0	11
			11	0	0	11
Denied			0	2	0	2
			0	2	0	2
85049	**BLOOD COUNT PLATELET AUTOMATED**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
85055	**RETICULATED PLATELET ASSAY**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
85060	**BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
85097	**BONE MARROW SMEAR INTERPRETATION**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
85250	**CLOTTING FACTOR IX PTC/CHRISTMAS**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
85335	**FACTOR INHIBITOR TEST**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
85347	**COAGULATION TIME ACTIVATED**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
85384	**FIBRINOGEN ACTIVITY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
85576	**PLATELET AGGREGATION IN VITRO EACH AGENT**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
85610	**PROTHROMBIN TIME**		**7**	**1**	**0**	**8**

Approved			7	0	0	7
			6	0	0	6
Denied			0	1	0	1
			0	1	0	1
85651	**SEDIMENTATION RATE RBC NON-AUTOMATED**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
85652	**SEDIMENTATION RATE RBC AUTOMATED**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
85730	**THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			4	0	0	4
86038	**ANTINUCLEAR ANTIBODIES ANA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
86140	**C-REACTIVE PROTEIN**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
86160	**COMPLEMENT ANTIGEN EACH COMPONENT**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
86162	**COMPLEMENT TOTAL HEMOLYTIC**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
86255	**FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
86301	**IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
86317	**IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
86335	**IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86352	**CELLULAR FUNCTION ASSAY STIMUL AND DETECT BIOMARKE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86353	**LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86355	**B CELLS TOTAL COUNT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86357	**NATURAL KILLER CELLS TOTAL COUNT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2

			2	0	0	2
86359	**T CELLS TOTAL COUNT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
86360	**T CELLS ABSOLUTE CD4 AND CD8 COUNT RATIO**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
86367	**STEM CELLS TOTAL COUNT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
86480	**TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
86592	**SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
86644	**ANTIBODY CYTOMEGALOVIRUS CMV**		**5**	**1**	**0**	**6**
Approved			5	0	0	5
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
86645	**ANTIBODY CYTOMEGALOVIRUS CMV IGM**		**2**	**1**	**0**	**3**
APPROVED			2	0	0	2
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
86664	**ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
86665	**ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
86682	**ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
86687	**ANTIBODY HTLV-I**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
86694	**ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
86695	**ANTIBODY HERPES SMPLX TYPE 1**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86696	**ANTIBODY HERPES SMPLX TYPE 2**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
86701	**ANTIBODY HIV-1**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
86702	**ANTIBODY HIV-2**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86703	**ANTIBODY HIV-1 AND HIV-2 SINGLE RESULT**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
86704	**HEPATITIS B CORE ANTIBODY HBCAB TOTAL**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
86706	**HEPATITIS B SURF ANTIBODY HBSAB**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
86708	**HEPATITIS A ANTIBODY HAAB**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
86709	**HEPATITIS ANTIBODY HAAB IGM ANTIBODY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86720	**ANTIBODY LEPTOSPIRA**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86747	**ANTIBODY PARVOVIRUS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86762	**ANTIBODY RUBELLA**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86777	**ANTIBODY TOXOPLASMA**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
86778	**ANTIBODY TOXOPLASMA IGM**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			4	0	0	4
86787	**ANTIBODY VARICELLA-ZOSTER**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1

Denied			0	1	0	1
			0	1	0	1
86790	**ANTIBODY VIRUS NOT ELSEWHERE SPECIFIFED**		**1**	**1**	**0**	**2**
APPROVED			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
86803	**HEPATITIS C ANTIBODY**		**3**	**2**	**0**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	2	0	2
			0	2	0	2
86807	**SERUM SCREENING PCT REACTIVE ANTIBODY STANDRD METH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
86812	**HLA TYPING A/B/C SINGLE ANTIGEN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86813	**HLA TYPING A/B/C MULTIPLE ANTIGENS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86817	**HLA TYPING DR/DQ MULTIPLE ANTIGENS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
86828	**ANTIBODY HLA CLASS I AND CLASS II ANTIGENS QUAL**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
86832	**ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
86833	**ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
86834	**ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
86835	**ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
86849	**UNLISTED IMMUNOLOGY**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
86885	**ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6

86900	**BLOOD TYPING SEROLOGIC ABO**		**13**	**3**	**0**	**16**
Approved			13	0	0	13
			13	0	0	13
Denied			0	3	0	3
			0	3	0	3
86901	**BLOOD TYPING SEROLOGIC RH (D)**		**5**	**1**	**0**	**6**
Approved			5	0	0	5
			5	0	0	5
Denied			0	1	0	1
			0	1	0	1
87015	**CONCENTRATION INFECTIOUS AGENTS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87070	**CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
87077	**CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87081	**CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87102	**CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87116	**CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87150	**CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM**		**0**	**5**	**0**	**5**
Denied			0	5	0	5
			0	5	0	5
87185	**SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87205	**SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
87206	**SMR PRIM SRC FLUORESCENT and /AFS BCT FNGI PARASIT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87207	**SMR PRIM SRC SPEC STAIN BODIES/PARASITS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87260	**IAADI ADENOVIRUS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1

87275	**IAADI INFLUENZA B VIRUS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87276	**IAADI INFFLUENZA A VIRUS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87279	**IAADI PARAINFLUENZA VIRUS EACH TYPE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87280	**IAADI RESPIRATORY SYNCTIAL VIRUS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87281	**IAADI PNEUMOCUSTIS CARINII**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87299	**IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87305	**IAAD IA ASPERGILLUS**		**9**	**1**	**0**	**10**
Approved			9	0	0	9
			9	0	0	9
Denied			0	1	0	1
			0	1	0	1
87340	**IAAD IA HEPATITIS B SURFACE ANTIGEN**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
87341	**IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87389	**IAAD IA HIV-1 AG W/HIV-1 and HIV-2 ANTBDY SINGLE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
87449	**IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM**		**8**	**2**	**0**	**10**
Approved			8	0	0	8
			8	0	0	8
Denied			0	2	0	2
			0	2	0	2
87481	**IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ**		**0**	**7**	**0**	**7**
Denied			0	7	0	7
			0	7	0	7
87497	**IADNA CYTOMEGALOVIRUS QUANTIFICATION**		**10**	**3**	**0**	**13**
Approved			10	0	0	10
			10	0	0	10
Denied			0	3	0	3
			0	3	0	3
87500	**INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE**		**0**	**9**	**0**	**9**
Denied			0	9	0	9
			0	9	0	9

87516	**IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87522	**IADNA HEPATITIS C QUANT AND REVERSE TRANSCRIPTION**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
87533	**IADNA HERPES VIRUS-6 QUANTIFICATION**		**9**	**1**	**0**	**10**
Approved			9	0	0	9
			9	0	0	9
Denied			0	1	0	1
			0	1	0	1
87535	**IADNA HIV-1 AMPLIFIED PROBE AND REVERSE TRANSCRPJ**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
87538	**IADNA HIV-2 AMPLIFIED PROBE AND REVERSE TRANSCRIPJ**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
87632	**IADNA RESPIRATRY PROBE AND REV TRNSCR 6-11 TARGETS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
87640	**IADNA S AUREUS AMPLIFIED PROBE TQ**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
87641	**IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ**		**0**	**4**	**0**	**4**
Denied			0	4	0	4
			0	4	0	4
87651	**IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87652	**IADNA STREPTOCOCCUS GROUP A QUANTIFICATION**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
87653	**IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87798			**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
87798	**IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM**		**15**	**12**	**0**	**27**
Approved			15	0	0	15
			15	0	0	15
Denied			0	12	0	12
			0	12	0	12
87799	**DNA Detection Test**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
87799	**IADNA NOS QUANTIFICATION EACH ORGANISM**		**43**	**6**	**0**	**49**
Approved			43	0	0	43

			43	0	0	43
Denied			0	6	0	6
			0	6	0	6
87999	**UNLISTED MICROBIOLOGY PROCEDURE**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
88108	**CYTP CONCENTRATION SMEARS AND INTERPRETATION**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
88143	**CYTP C/V FLU AUTO THIN MNL SCR and RESCR PHYS**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
88184	**FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
88185	**FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA**		**3**	**2**	**0**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	2	0	2
			0	2	0	2
88189	**FLOW CYTOMETRY INTERPRETATION 16 OR GT MARKERS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
88230	**TISS CUL NON-NEO DISORDERS LYMPHOCYTE**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
88235	**TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
88237	**TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS**		**5**	**2**	**0**	**7**
Approved			5	0	0	5
			5	0	0	5
Denied			0	2	0	2
			0	2	0	2
88262	**CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
88264	**CHRMSM ANALYZE 20-25 CELLS**		**5**	**2**	**0**	**7**
Approved			5	0	0	5
			5	0	0	5
Denied			0	2	0	2
			0	2	0	2
88271	**MOLECULAR CYTOGENETICS DNA PROBE EACH**		**5**	**0**	**0**	**5**
Approved			5	0	0	5

			5	0	0	5
88275	**MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
88280	**CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY**		**5**	**3**	**0**	**8**
Approved			5	0	0	5
			5	0	0	5
Denied			0	3	0	3
			0	3	0	3
88289	**CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
88291	**CYTOGENETICS AND MOLEC CYTOGENETICS INTERP AND REP**		**4**	**3**	**0**	**7**
Approved			4	0	0	4
			4	0	0	4
Denied			0	3	0	3
			0	3	0	3
88305	**LEVEL IV SURG PATHOLOGY GROSS AND MICROSCOPIC EXAM**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
88312	**SPECIAL STAIN GROUP 1 MICROORGANISMS I AND R**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
88313	**SPCL STN 2 I and R EXCPT MICROORG/ENZYME/IMCYT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
88314	**SPECIAL STAIN I and R HISTOCHEMICAL W/FROZEN TISSU**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
88321	**CONSLTJ and REPRT REFERRED SLIDES PREPARED ELSEWHERE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
88341	**IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX**		**2**	**8**	**0**	**10**
Approved			2	0	0	2
			2	0	0	2
Denied			0	8	0	8
			0	8	0	8
88341	**IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
88342	**IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE**		**1**	**11**	**0**	**12**
Approved			1	0	0	1
			1	0	0	1
Denied			0	11	0	11
			0	11	0	11
88342	**IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1

88344	**IMHISTOCHEM/CYTCHM EA MULTIPLEX ANTIBODY SLIDE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
88356	**MORPHOMETRIC ANALYSIS NERVE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
88360	**M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL**		**2**	**16**	**0**	**18**
Approved			2	0	0	2
			2	0	0	2
Denied			0	16	0	16
			0	16	0	16
88377	**M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
88381	**MICRODISSECTION PREP IDENTIFIED TARGET MANUAL**		**2**	**11**	**0**	**13**
Approved			2	0	0	2
			2	0	0	2
Denied			0	11	0	11
			0	10	0	10
Experimental Service or Procedure			0	1	0	1
89050	**CELL COUNT MISCELLANEOUS BODY FLUIDS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
89051	**CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
89261	**SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
90471	**IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
90732	**PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
90791	**PSYCHIATRIC DIAGNOSTIC EVALUATION**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
90792	**PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
90834	**PSYCHOTHERAPY W/PATIENT 45 MINUTES**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
90837	**PSYCHOTHERAPY W/PATIENT 60 MINUTES**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
90867	**REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL and M**		**5**	**0**	**0**	**5**

Approved			5	0	0	5
			5	0	0	5
90868	**THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
90869	**REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV and MN**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
90870	**ELECTROCONVULSIVE THERAPY**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
90901	**BIOFEEDBACK TRAINING ANY MODALITY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
90912	**BFB TRAING W/EMG and /MANOMETRY 1ST 15 MIN CNTCT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
90913	**BFB TRAING W/EMG and /MANOMETRY EA ADDL 15 MIN CNTCT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
90935	**HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION**		**1**	**1**	**0**	**2**
APPROVED			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
90937	**HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX**		**1**	**1**	**0**	**2**
APPROVED			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
90960	**ESRD RELATED SVC MONTHLY 20 and OR GT YR OLD 4 OR GT VI**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
90966	**ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
90999	**UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT**		**5**	**1**	**0**	**6**
Approved			5	0	0	5
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
91040	**ESOPHGL BALO DISTENSION DX STD W/PROVOCATION**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
91065	**BREATH HYDROGEN/METHANE TEST**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
91200	**LIVER ELASTOGRAPHY W/O IMAG W/I and R**		**0**	**1**	**0**	**1**
Denied			0	1	0	1

			0	1	0	1
92020	**GONIOSCOPY SEPARATE PROCEDURE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
92133	**COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
92134	**COMPUTERIZED OPHTHALMIC IMAGING RETINA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
92250	**FUNDUS PHOTOGRAPHY W/INTERPRETATION and REPORT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
92502	**OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
92507	**Communication Therapy**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
92507	**TX SPEECH LANG VOICE COMMJ and /AUDITORY PROC IND**		**66**	**43**	**0**	**109**
Approved			66	0	0	66
			66	0	0	66
Denied			0	43	0	43
			0	43	0	43
92507	**TX SPEECH LANG VOICE COMMJ and /AUD PROC DO INDIV**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
92508	**TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GT INDIV**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
92523	**EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION**		**3**	**4**	**0**	**7**
Approved			3	0	0	3
			3	0	0	3
Denied			0	4	0	4
			0	4	0	4
92526	**Swallowing Therapy**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
92526	**TX SWALLOWING DYSFUNCTION and /ORAL FUNCJ FEEDING**		**9**	**2**	**0**	**11**
Approved			9	0	0	9
			9	0	0	9
Denied			0	2	0	2
			0	2	0	2
92550	**TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1

92552	**PURE TONE AUDIOMETRY AIR ONLY**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
92553	**PURE TONE AUDIOMETRY AIR AND BONE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
92555	**SPEECH AUDIOMETRY THRESHOLD**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
92557	**COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ**		**2**	**2**	**0**	**4**
Approved			2	0	0	2
			2	0	0	2
Denied			0	2	0	2
			0	2	0	2
92567	**Tympanometry**		**5**	**2**	**0**	**7**
Approved			5	0	0	5
			5	0	0	5
Denied			0	2	0	2
			0	2	0	2
92579	**VISUAL REINFORCEMENT AUDIOMETRY**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
92582	**CONDITIONING PLAY AUDIOMETRY**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
92583	**Select picture audiometry**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
92587	**DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD**		**5**	**2**	**0**	**7**
Approved			5	0	0	5
			5	0	0	5
Denied			0	2	0	2
			0	2	0	2
92590	**HEARING AID EXAMINATION AND SELECTION MONAURAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
92609	**THER SP-GENRATJ DEV PRGRMG AND MODIFICAJ**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
92610	**EVAL ORAL AND PHARYNGEAL SWLNG FUNCJ**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
92626	**EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
92627	**EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV EA ADDL 15**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
92651	**AEP HEARING STATUS DETER BROADBAND STIMULI I and R**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
92652	**AEP THRESHOLD ESTIMATION MLT FREQUENCIES I and R**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
92924	**PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
92928	**PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
92943	**PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93000	**ECG ROUTINE ECG W/LEAST 12 LDS W/I and R**		**13**	**20**	**0**	**33**
Approved			13	0	0	13
			13	0	0	13
Denied			0	20	0	20
			0	20	0	20
93000	**Heart Rhythm Test**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93005	**ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I and R**		**27**	**25**	**0**	**52**
Approved			27	0	0	27
			27	0	0	27
Denied			0	25	0	25
			0	25	0	25
93005	**Heart Rhythm Test**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93010	**ECG ROUTINE ECG W/LEAST 12 LDS I and R ONLY**		**18**	**12**	**0**	**30**
Approved			18	0	0	18
			18	0	0	18
Denied			0	12	0	12
			0	12	0	12
93015	**CV STRS TST XERS and /OR RX CONT ECG W/SI and R**		**7**	**4**	**0**	**11**
Approved			7	0	0	7
			7	0	0	7
Denied			0	4	0	4
			0	4	0	4
93016	**CV STRS TST XERS and /OR RX CONT ECG W/O I and R**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93017	**CV STRS TST XERS and /OR RX CONT ECG TRCG ONLY**		**13**	**9**	**0**	**22**
Approved			13	0	0	13
			13	0	0	13
Denied			0	9	0	9
			0	9	0	9
93018	**CV STRS TST XERS and /OR RX CONT ECG I and R ONLY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1

93041	**RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I and R**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
93225	**XTRNL ECG AND 48 HR RECORDING**		**18**	**14**	**0**	**32**
Approved			18	0	0	18
			18	0	0	18
Denied			0	14	0	14
			0	14	0	14
93226	**EXTERNAL ECG SCANNING ANALYSIS REPORT**		**18**	**12**	**0**	**30**
Approved			18	0	0	18
			18	0	0	18
Denied			0	12	0	12
			0	12	0	12
93227	**XTRNL ECG CONTINUOUS RHYTHM W/I and R UP TO 48 HRS**		**19**	**14**	**0**	**33**
Approved			19	0	0	19
			19	0	0	19
Denied			0	14	0	14
			0	14	0	14
93228	**Heart Monitoring**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93228	**XTRNL MOBILE CV TELEMETRY W/I and REPORT 30 DAYS**		**26**	**5**	**0**	**31**
Approved			26	0	0	26
Denied			0	5	0	5
			0	5	0	5
93229	**Heart Monitoring Test**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93229	**XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT**		**27**	**13**	**0**	**40**
Approved			27	0	0	27
			27	0	0	27
Denied			0	13	0	13
			0	13	0	13
93241	**EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R and I**		**29**	**7**	**0**	**36**
Approved			29	0	0	29
			29	0	0	29
Denied			0	7	0	7
			0	7	0	7
93242	**EXTERNAL ECG REC GT 48HR LT 7D RECORDING**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
93244	**EXTERNAL ECG REC GT 48HR LT 7D REVIEW and INTERPRETATION**		**9**	**1**	**0**	**10**
Approved			9	0	0	9
			9	0	0	9
Denied			0	1	0	1
			0	1	0	1
93245	**EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R and I**		**8**	**0**	**0**	**8**

Approved			8	0	0	8
			8	0	0	8
93246	**EXTERNAL ECG REC GT 7D LT 15D RECORDING**		**23**	**2**	**0**	**25**
Approved			23	0	0	23
			23	0	0	23
Denied			0	2	0	2
			0	2	0	2
93247	**EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
93248	**EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION**		**17**	**1**	**0**	**18**
Approved			17	0	0	17
			17	0	0	17
Denied			0	1	0	1
			0	1	0	1
93280	**PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
93286	**PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93287	**PERI-PX DEV EVAL and PROG SING/DUAL/MULTI LEAD DFB**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93296	**REM INTERROG PM/LDLS PM/IDS LT 90 D TECH REVIEW**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
93297	**REM INTERROG ICPMS LT 30 D PHYS/QHP**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93303	**COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY**		**22**	**22**	**0**	**44**
Approved			22	0	0	22
			22	0	0	22
Denied			0	22	0	22
			0	22	0	22
93303	**Heart Ultrasound**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93304	**F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY**		**16**	**20**	**0**	**36**
Approved			16	0	0	16
			16	0	0	16
Denied			0	20	0	20
			0	20	0	20
93306	**ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC and COLR D**		**34**	**23**	**0**	**57**
Approved			34	0	0	34
			34	0	0	34
Denied			0	23	0	23
			0	23	0	23
93306	**Heart Ultrasound**		**0**	**1**	**0**	**1**
Denied			0	1	0	1

			0	1	0	1
93307	**ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP**		**18**	**10**	**0**	**28**
Approved			18	0	0	18
			18	0	0	18
Denied			0	10	0	10
			0	10	0	10
93307	**Heart Ultrasound**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93308	**ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD**		**14**	**3**	**0**	**17**
Approved			14	0	0	14
			14	0	0	14
Denied			0	3	0	3
			0	3	0	3
93312	**ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I and R**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
93319	**3D ECHO IMG and PST-PXESSING TEE/TTE CGEN CAR ANOMAL**		**8**	**9**	**0**	**17**
Approved			8	0	0	8
			8	0	0	8
Denied			0	9	0	9
			0	9	0	9
93320	**DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY**		**21**	**21**	**0**	**42**
Approved			21	0	0	21
			21	0	0	21
Denied			0	21	0	21
			0	21	0	21
93320	**Heart Ultrasound**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93321	**DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93325	**DOP ECHOCARD COLOR FLOW VELOCITY MAPPING**		**25**	**21**	**0**	**46**
Approved			25	0	0	25
			25	0	0	25
Denied			0	21	0	21
			0	21	0	21
93325	**Heart Ultrasound**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
93350	**ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST and ST**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1

93351	**ECHO TTHRC R-T 2D W/WO M-MODE REST and STRS CONT ECG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93356	**MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH**		**19**	**10**	**0**	**29**
Approved			19	0	0	19
			19	0	0	19
Denied			0	10	0	10
			0	10	0	10
93451	**RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
93452	**L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S and I**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93453	**R and L HRT CATH W/NJX L VENTRICULOG IMG S and I**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
93454	**CATH PLACEMENT AND NJX CORONARY ART ANGIO IMG S AND I**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93458	**CATH PLMT L HRT and ARTS W/NJX and ANGIO IMG S and I**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
93462	**LEFT HEART CATH BY TRANSEPTAL PUNCTURE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93505	**ENDOMYOCARDIAL BIOPSY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93568	**NJX DRG C-CATHJ NSLCTV P-ART ANGIOGRAPHY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93580	**PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT**		**4**	**1**	**0**	**5**
APPROVED			4	0	0	4
			3	0	0	3
DENIED			0	1	0	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
93582	**PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93597	**R and L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93609	**INTRA-VENTRIC and /ATRIAL MAPG TACHYCARD W/CATH MA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93613	**INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING**		**0**	**1**	**0**	**1**
Denied			0	1	0	1

			0	1	0	1
93620	**COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93621	**COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93622	**COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93623	**PROGRAMMED STIMJ AND PACG AFTER IV DRUG NFS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93653	**COMPRE EP EVAL ABLTJ 3D MAPG TX SVT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93655	**ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
93656	**COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93662	**INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S and I**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
93702	**BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
93797	**OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
93797	**PHYS/QHP O/P CARDIAC RHAB W/O CONT ECG MONITOR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
93798	**OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING**		**8**	**3**	**1**	**12**
Approved			8	0	0	8
			8	0	0	8
Denied			0	3	0	3
			0	3	0	3
Pend			0	0	1	1
			0	0	1	1
93798	**PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING**		**2**	**0**	**0**	**2**
APPROVED			2	0	0	2
			1	0	0	1

93880	**DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
93886	**TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
93922	**NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
93925	**DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
93970	**DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY**		**1**	**6**	**0**	**7**
Approved			1	0	0	1
			1	0	0	1
Denied			0	6	0	6
			0	6	0	6
93975	**DUP-SCAN ARTL FLO ABDL/PEL/SCROT and /RPR ORGN COM**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
93985	**DUPLEX SCAN ARTL INFL and VEN O/F HEMO COMPL BI STD**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
93986	**DUPLEX SCAN ARTL INFL and VEN O/F HEMO COMPL UNI STD**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
94010	**SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ**		**14**	**3**	**0**	**17**
Approved			14	0	0	14
			14	0	0	14
Denied			0	3	0	3
			0	3	0	3
94060	**BRNCDILAT RSPSE SPMTRY PRE AND POST-BRNCDILAT ADMN**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
94618	**PULMONARY STRESS TESTING**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1

			0	1	0	1
94640	**PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
94642	**PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
94726	**PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
94729	**CO DIFFUSING CAPACITY**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
95117	**PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95700	**Brain Wave Test**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
95700	**EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS**		**37**	**4**	**1**	**42**
Approved			37	0	0	37
Denied			0	4	0	4
			0	4	0	4
Pend			0	0	1	1
			0	0	1	1
95708	**EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
95709	**EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95711	**VEEG BY TECH 2-12 HOURS UNMONITORED**		**10**	**0**	**0**	**10**
Approved			10	0	0	10
			10	0	0	10
95712	**VEEG BY TECH 2-12 HR INTERMITTENT MONITORING**		**11**	**0**	**0**	**11**
Approved			11	0	0	11
			11	0	0	11
95713	**VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
95714	**VEEG BY TECH EA INCR 12-26 HR UNMONITORED**		**13**	**0**	**0**	**13**
Approved			13	0	0	13
			13	0	0	13
95715	**Brain Wave Video Monitoring**		**0**	**1**	**0**	**1**
Denied			0	1	0	1

			0	1	0	1
95715	**VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR**		**28**	**4**	**0**	**32**
Approved			28	0	0	28
			28	0	0	28
Denied			0	4	0	4
			0	4	0	4
95716	**Brain Wave Video Monitoring**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
95716	**VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR**		**13**	**2**	**0**	**15**
Approved			13	0	0	13
			13	0	0	13
Denied			0	2	0	2
			0	2	0	2
95718	**EEG PHYS/QHP 2-12 HR WITH VEEG**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
95719	**EEG PHYS/QHP EA INCR GT 12HR LT 26HR AFTER 24HR WO VID**		**2**	**2**	**0**	**4**
Approved			2	0	0	2
			2	0	0	2
Denied			0	2	0	2
			0	2	0	2
95720	**Brain Wave Test**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
95720	**EEG PHYS/QHP EA INCR GT 12HR LT 26HR AFTER 24HR W/VEEG**		**10**	**5**	**0**	**15**
Approved			10	0	0	10
			10	0	0	10
Denied			0	5	0	5
			0	5	0	5
95721	**EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/O VIDEO**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95722	**EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/VEEG**		**9**	**0**	**0**	**9**
Approved			9	0	0	9
			9	0	0	9
95723	**EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/O VIDEO**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
95724	**Brain Wave Test**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
95724	**EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/VEEG**		**13**	**1**	**0**	**14**
Approved			13	0	0	13
			13	0	0	13
Denied			0	1	0	1
			0	1	0	1
95725	**EEG COMPLETE STD PHYS/QHP GT 84 HR W/O VID**		**1**	**0**	**0**	**1**

Approved			1	0	0	1
			1	0	0	1
95726	**EEG COMPLETE STD PHYS/QHP GT 84 HR W/VEEG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95782	**POLYSOM LT 6 YRS SLEEP STAGE 4 OR GT ADDL PARAM ATTND**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
95783	**POLYSOM LT 6 YRS SLEEP W/CPAP/BILVL VENT 4 OR GT PARAM**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
95800	**SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
95805	**MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
95806	**SLEEP STD AIRFLOW HRT RATE AND O2 SAT EFFORT UNATT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
95808	**POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95810	**POLYSOM 6 OR GT YRS SLEEP 4 OR GT ADDL PARAM ATTND**		**85**	**32**	**0**	**117**
Approved			85	0	0	85
			85	0	0	85
Denied			0	32	0	32
			0	32	0	32
95810	**Sleep Lab Test**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95811	**POLYSOM 6 OR GT YRS SLEEP W/CPAP 4 OR GT ADDL PARAM ATTND**		**81**	**11**	**0**	**92**
Approved			81	0	0	81
			81	0	0	81
Denied			0	11	0	11
			0	11	0	11
95811	**Sleep Lab Test**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
95816	**Brain Wave Test**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
95816	**ELECTROENCEPHALOGRAM W/REC AWAKE and DROWSY**		**6**	**2**	**0**	**8**
Approved			6	0	0	6
			6	0	0	6

Denied			0	2	0	2
			0	2	0	2
95819	**ELECTROENCEPHALOGRAM W/REC AWAKE and ASLEEP**		**6**	**2**	**0**	**8**
Approved			6	0	0	6
			6	0	0	6
Denied			0	2	0	2
			0	2	0	2
95861	**NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS**		**2**	**2**	**1**	**5**
Approved			2	0	0	2
			2	0	0	2
Denied			0	2	0	2
			0	2	0	2
Pend			0	0	1	1
			0	0	1	1
95865	**NEEDLE ELECTROMYOGRAPHY LARYNX**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
95868	**NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
95870	**NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
95886	**NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95909	**NERVE CONDUCTION STUDIES 5-6 STUDIES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95927	**SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
95930	**VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I and R**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95938	**SHORT-LATENCY SOMATOSENS EP STD UPR AND LOW LIMB**		**2**	**3**	**0**	**5**
Approved			2	0	0	2
			2	0	0	2
Denied			0	3	0	3
			0	3	0	3
95939	**CTR MOTR EP STD TRANSCRNL MOTR STIM UPR AND LOW LI**		**1**	**3**	**0**	**4**
Approved			1	0	0	1
			1	0	0	1
Denied			0	3	0	3

			0	3	0	3
95940	**IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
95941	**IONM REMOTE/NEARBY OR GT 1 PATIENT IN OR PER HOUR**		**1**	**3**	**0**	**4**
Approved			1	0	0	1
			1	0	0	1
Denied			0	3	0	3
			0	3	0	3
95955	**EEG NONINTRACRANIAL SURGERY**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
95957	**DIGITAL ANALYSIS ELECTROENCEPHALOGRAM**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
95961	**FUNCJAL CORT and SUBCORT MAPG PHYS/QHP ATTND INIT HR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95962	**FUNCJAL CORT and SUBCORT MAPG PHYS/QHP ATTND ADDL HR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95972	**ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
95999	**UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX**		**3**	**2**	**0**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	2	0	2
			0	2	0	2
96110	**DEVELOPMENTAL SCREEN W/SCORING and DOC STD INSTRM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
96116	**NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
96121	**NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
96127	**BEHAV ASSMT W/SCORE and DOCD/STAND INSTRUMENT**		**4**	**0**	**0**	**4**

Approved			4	0	0	4
			4	0	0	4
96130	**PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR**		**9**	**10**	**0**	**19**
Approved			9	0	0	9
			9	0	0	9
Denied			0	10	0	10
			0	10	0	10
96131	**PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR**		**10**	**11**	**0**	**21**
Approved			10	0	0	10
			10	0	0	10
Denied			0	11	0	11
			0	11	0	11
96132	**NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR**		**15**	**3**	**0**	**18**
Approved			15	0	0	15
			15	0	0	15
Denied			0	3	0	3
			0	3	0	3
96133	**NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR**		**9**	**3**	**0**	**12**
Approved			9	0	0	9
			9	0	0	9
Denied			0	3	0	3
			0	3	0	3
96136	**PSYL/NRPSYCL TST PHYS/QHP 2 Plus TST 1ST 30 MIN**		**19**	**11**	**0**	**30**
Approved			19	0	0	19
			19	0	0	19
Denied			0	11	0	11
			0	11	0	11
96137	**PSYCL/NRPSYCL TST PHYS/QHP 2 Plus TST EA ADDL 30 MIN**		**19**	**12**	**0**	**31**
Approved			19	0	0	19
			19	0	0	19
Denied			0	12	0	12
			0	12	0	12
96138	**PSYCL/NRPSYCL TST TECH 2 Plus TST 1ST 30 MIN**		**10**	**2**	**1**	**13**
Approved			10	0	0	10
			10	0	0	10
Denied			0	2	0	2
			0	2	0	2
Pend			0	0	1	1
			0	0	1	1
96139	**PSYCL/NRPSYCL TST TECH 2 Plus TST EA ADDL 30 MIN**		**5**	**2**	**0**	**7**
Approved			5	0	0	5
			5	0	0	5
Denied			0	2	0	2
			0	2	0	2
96156	**HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
96158	**HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1

96360	**IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
96361	**IV INFUSION HYDRATION EACH ADDITIONAL HOUR**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
96365	**IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
96366	**IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
96372	**THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
96374	**THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
96376	**THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC**		**9**	**0**	**0**	**9**
Approved			9	0	0	9
			9	0	0	9
96409	**CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
96413	**Chemotherapy Infusion**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
96413	**CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG**		**8**	**1**	**0**	**9**
Approved			8	0	0	8
			8	0	0	8
Denied			0	1	0	1
			0	1	0	1
96415	**CHEMOTHERAPY ADMN IV INFUSION TQ EA HR**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
96450	**CHEMOTX ADMN CNS REQ SPINAL PUNCTURE**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
96910	**PHOTOCHEMOTX TAR and UVB/PETROLATUM/UVB**		**1**	**1**	**0**	**2**
APPROVED			1	0	0	1
DENIED			0	1	0	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
97010	**APPLICATION MODALITY 1 OR GT AREAS HOT/COLD PACKS**		**3**	**3**	**0**	**6**
Approved			3	0	0	3
			3	0	0	3
Denied			0	3	0	3

			0	3	0	3
97012	**APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97014	**APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED**		**17**	**5**	**0**	**22**
Approved			17	0	0	17
			17	0	0	17
Denied			0	5	0	5
			0	5	0	5
97014	**Electric Stimulation Test**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97016	**APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
97018	**APPL MODALITY 1 OR GT AREAS PARAFFIN BATH**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
97032	**APPL MODALITY 1 Plus AREAS ESTIM EA 15 MIN**		**8**	**3**	**0**	**11**
Approved			8	0	0	8
			8	0	0	8
Denied			0	3	0	3
			0	3	0	3
97035	**APPL MODALITY 1 Plus AREAS ULTRASOUND EA 15 MIN**		**10**	**2**	**0**	**12**
Approved			10	0	0	10
			10	0	0	10
Denied			0	2	0	2
			0	2	0	2
97035	**Ultrasound Monitoring**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97039	**UNLISTED MODALITY SPEC TYPE and TIME CONSTANT ATTN**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
97110	**Exercise Therapy**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
97110	**THERAPEUTIC PX 1 OR GT AREAS EACH 15 MIN EXERCISES**		**371**	**85**	**3**	**459**
Approved			371	0	0	371
			366	0	0	366
Denied			0	85	0	85
			0	82	0	82
Denied Medical Necessity Criteria Not Met Medical Director			0	3	0	3
Pend			0	0	3	3
			0	0	3	3
97112	**Brain-Muscle Therapy**		**4**	**1**	**0**	**5**

Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
97112	**THER PX 1 OR GT AREAS EACH 15 MIN NEUROMUSC REEDUCA**		**300**	**63**	**0**	**363**
Approved			300	0	0	300
			296	0	0	296
Denied			0	63	0	63
			0	60	0	60
Denied Medical Necessity Criteria Not Met Medical Director			0	3	0	3
97113	**THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS**		**5**	**36**	**0**	**41**
Approved			5	0	0	5
			5	0	0	5
Denied			0	36	0	36
			0	35	0	35
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
97116	**THER PX 1 OR GT AREAS EA 15 MIN GAIT TRAING W/STAIR**		**167**	**37**	**0**	**204**
Approved			167	0	0	167
			165	0	0	165
Denied			0	37	0	37
			0	36	0	36
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
97116	**Walking Therapy, 15-Minute Sessions**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
97124	**Massage Therapy, 15-Minute Session**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97124	**THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
97129	**THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97130	**THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97140	**MANUAL THERAPY TQS 1 OR GT REGIONS EACH 15 MINUTES**		**339**	**68**	**3**	**410**
Approved			339	0	0	339
			334	0	0	334
Denied			0	68	0	68
			0	66	0	66
Denied Medical Necessity Criteria Not Met Medical Director			0	2	0	2
Pend			0	0	3	3
			0	0	3	3
97140	**Manual Therapy, 15-Minute Session**		**8**	**1**	**0**	**9**

Approved			8	0	0	8
			8	0	0	8
Denied			0	1	0	1
			0	1	0	1
97150	**THERAPEUTIC PROCEDURES GROUP 2 OR GT INDIVIDUALS**		**25**	**2**	**0**	**27**
Approved			25	0	0	25
			25	0	0	25
Denied			0	2	0	2
			0	2	0	2
97151	**Behavior Check**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97151	**BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN**		**41**	**1**	**2**	**44**
Approved			41	0	0	41
			41	0	0	41
Denied			0	1	0	1
			0	1	0	1
Pend			0	0	2	2
			0	0	2	2
97153	**ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN**		**39**	**0**	**0**	**39**
Approved			39	0	0	39
			39	0	0	39
97153	**Behavior Therapy Sessions**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97154	**Behavior Therapy Sessions**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97154	**GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN**		**17**	**0**	**0**	**17**
Approved			17	0	0	17
			17	0	0	17
97155	**ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN**		**40**	**0**	**0**	**40**
Approved			40	0	0	40
			40	0	0	40
97155	**Behavior Therapy Sessions**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97156	**Behavior Therapy Sessions**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
97156	**FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN**		**36**	**0**	**1**	**37**
Approved			36	0	0	36
			36	0	0	36
Pend			0	0	1	1
			0	0	1	1
97157	**MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN**		**8**	**0**	**0**	**8**
Approved			8	0	0	8
			8	0	0	8
97161	**PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS**		**2**	**5**	**0**	**7**
Approved			2	0	0	2

			2	0	0	2
Denied			0	5	0	5
			0	5	0	5
97161	**Therapy Assessment**		**1**	**0**	**1**	**2**
Approved			1	0	0	1
			1	0	0	1
Pend			0	0	1	1
			0	0	1	1
97162	**PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS**		**3**	**6**	**0**	**9**
Approved			3	0	0	3
			3	0	0	3
Denied			0	6	0	6
			0	6	0	6
97162	**Therapy Session**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97163	**PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS**		**5**	**7**	**0**	**12**
Approved			5	0	0	5
			5	0	0	5
Denied			0	7	0	7
			0	7	0	7
97163	**Therapy Assessment**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97164	**PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS**		**30**	**18**	**0**	**48**
Approved			30	0	0	30
			27	0	0	27
Denied			0	18	0	18
			0	18	0	18
97165	**OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
97166	**OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS**		**1**	**3**	**0**	**4**
Approved			1	0	0	1
			1	0	0	1
Denied			0	3	0	3
			0	3	0	3
97167	**OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS**		**2**	**4**	**0**	**6**
Approved			2	0	0	2
			2	0	0	2
Denied			0	4	0	4
			0	4	0	4
97168	**OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS**		**9**	**3**	**0**	**12**
Approved			9	0	0	9
			9	0	0	9
Denied			0	3	0	3
			0	3	0	3
97530	**Activity Therapy**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5

97530	**THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN**		**334**	**83**	**2**	**419**
Approved			334	0	0	334
			330	0	0	330
Denied			0	83	0	83
			0	80	0	80
Denied Medical Necessity Criteria Not Met Medical Director			0	3	0	3
Pend			0	0	2	2
			0	0	2	2
97533	**SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
97535	**Self-Care Training**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97535	**SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES**		**117**	**34**	**0**	**151**
Approved			117	0	0	117
			115	0	0	115
Denied			0	34	0	34
			0	33	0	33
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
97535	**THERAPEUTIC PROCEDURES GROUP 2 OR GT INDIVIDUALS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97542	**WHEELCHAIR MGMT EA 15 MIN**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
97550	**CAREGIVER TRAINING STRATEGIES and TQ 1ST 30 MINUTES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
97610	**LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
97750	**PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN**		**39**	**13**	**0**	**52**
Approved			39	0	0	39
			35	0	0	35
DENIED			0	13	0	13
			0	11	0	11
Denied Medical Necessity Criteria Not Met Medical Director			0	2	0	2
97760	**ORTHOTICS MGMT AND TRAING INITIAL ENCTR EA 15 MINS**		**8**	**0**	**0**	**8**
Approved			8	0	0	8
			8	0	0	8
97763	**ORTHOTICS/PROSTH MGMT and /TRAING SBSQ ENCTR 15 MIN**		**8**	**0**	**0**	**8**
Approved			8	0	0	8
			8	0	0	8
97802	**MEDICAL NUTRITION ASSMT AND IVNTJ INDIV EACH 15 MI**		**0**	**1**	**0**	**1**
Denied			0	1	0	1

			0	1	0	1
97803	**MEDICAL NUTRITION RE-ASSMT AND IVNTJ INDIV EA 15 M**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
98940	**CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS**		**5**	**3**	**0**	**8**
Approved			5	0	0	5
			5	0	0	5
Denied			0	3	0	3
			0	3	0	3
98941	**CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
98943	**CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1 OR GT REGION**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
98972	**QNHP OL DIGITAL ASSMT and MGMT EST PT LT 7 D 21 Plus MIN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99152	**MOD SED SAME PHYS/QHP INITIAL 15 MINS 5 OR GT YRS**		**6**	**6**	**0**	**12**
Approved			6	0	0	6
			6	0	0	6
Denied			0	6	0	6
			0	6	0	6
99153	**MOD SED SAME PHYS/QHP EACH ADDL 15 MINS**		**5**	**3**	**0**	**8**
Approved			5	0	0	5
			5	0	0	5
Denied			0	3	0	3
			0	3	0	3
99183	**PHYS/QHP ATTN and SUPVJ HYPRBARIC OXYGEN TX/SESSION**		**11**	**1**	**1**	**13**
Approved			11	0	0	11
			11	0	0	11
Denied			0	1	0	1
			0	1	0	1
Pend			0	0	1	1
			0	0	1	1
99195	**PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
99202	**OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES**		**2**	**3**	**0**	**5**
Approved			2	0	0	2
			2	0	0	2
Denied			0	3	0	3
			0	3	0	3
99203	**OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES**		**12**	**17**	**0**	**29**
Approved			12	0	0	12
			12	0	0	12

Denied			0	17	0	17
			0	17	0	17
99204	**OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES**		**10**	**22**	**1**	**33**
Approved			10	0	0	10
			10	0	0	10
Denied			0	22	0	22
			0	22	0	22
Pend			0	0	1	1
			0	0	1	1
99204	**OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99205	**OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES**		**19**	**30**	**0**	**49**
Approved			19	0	0	19
			19	0	0	19
Denied			0	30	0	30
			0	30	0	30
99205	**OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99211	**OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP**		**1**	**4**	**0**	**5**
Approved			1	0	0	1
			1	0	0	1
Denied			0	4	0	4
			0	3	0	3
Denied Non Participating Provider			0	1	0	1
99212	**OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN**		**7**	**5**	**0**	**12**
Approved			7	0	0	7
			7	0	0	7
Denied			0	5	0	5
			0	4	0	4
Denied Non Participating Provider			0	1	0	1
99213	**Extended Office Visit**		**6**	**4**	**0**	**10**
Approved			6	0	0	6
			6	0	0	6
Denied			0	4	0	4
			0	4	0	4
99213	**OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN**		**139**	**48**	**2**	**189**
Approved			139	0	0	139
			137	0	0	137
Denied			0	48	0	48
			0	47	0	47
Denied Non Participating Provider			0	1	0	1
Pend			0	0	2	2
			0	0	2	2
99213	**OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
99214	**Extended Consultation Visit**		**2**	**0**	**0**	**2**
Approved			2	0	0	2

			2	0	0	2
99214	**OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN**		**58**	**48**	**1**	**107**
APPROVED			58	0	0	58
			57	0	0	57
Denied			0	48	0	48
			0	47	0	47
Denied Non Participating Provider			0	1	0	1
Pend			0	0	1	1
			0	0	1	1
99214	**OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN**		**1**	**4**	**0**	**5**
Approved			1	0	0	1
			1	0	0	1
Denied			0	4	0	4
			0	4	0	4
99215	**OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN**		**112**	**35**	**0**	**147**
Approved			112	0	0	112
			110	0	0	110
Denied			0	35	0	35
			0	34	0	34
Denied Non Participating Provider			0	1	0	1
99221	**1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99222	**1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99232	**SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99233	**SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
99242	**OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES**		**1**	**5**	**0**	**6**
Approved			1	0	0	1
			1	0	0	1
Denied			0	5	0	5
			0	5	0	5
99243	**OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES**		**4**	**8**	**0**	**12**
Approved			4	0	0	4
			4	0	0	4
Denied			0	8	0	8
			0	8	0	8
99244	**Consultation: 40+ Minutes**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
99244	**OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES**		**26**	**18**	**0**	**44**
Approved			26	0	0	26
			26	0	0	26
Denied			0	18	0	18
			0	18	0	18

99245	**Complex Consultation**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99245	**OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES**		**18**	**3**	**0**	**21**
Approved			18	0	0	18
			18	0	0	18
Denied			0	3	0	3
			0	3	0	3
99304	**INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN**		**0**	**1**	**1**	**2**
Denied			0	1	0	1
			0	1	0	1
Pend			0	0	1	1
			0	0	1	1
99306	**INITIAL NURSING FACILITY CARE HI MDM 50 MINUTES**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
99345	**HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES**		**0**	**4**	**0**	**4**
Denied			0	4	0	4
			0	4	0	4
99349	**HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
99350	**HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES**		**1**	**4**	**0**	**5**
Approved			1	0	0	1
			1	0	0	1
Denied			0	4	0	4
			0	4	0	4
99366	**TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99381	**INITIAL PREVENTIVE MEDICINE NEW PATIENT LT 1YEAR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99393	**PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99397	**PERIODIC PREVENTIVE MED EST PATIENT 65YRS AND OLDER**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99401	**PREV MED CNSL and /RSK FCTR RDCTJ INDV APPROX 15 MIN**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
99417	**PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
99423	**ONLINE DIGITAL E/M SVC EST PT LT 7 D 21 Plus MINUTES**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2

99443	**PHYS/QHP TELEPHONE EVALUATION 21-30 MIN**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
99483	**ASSMT and CARE PLANNING PT W/COGNITIVE IMPAIRMENT**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
99496	**TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
99497	**ADVANCE CARE PLANNING FIRST 30 MINS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
99498	**ADVANCE CARE PLANNING EA ADDL 30 MINS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
99499	**UNLISTED EVALUATION AND MANAGEMENT SERVICE**		**2**	**6**	**1**	**9**
Approved			2	0	0	2
			2	0	0	2
Denied			0	6	0	6
			0	6	0	6
Pend			0	0	1	1
			0	0	1	1
99600	**UNLISTED HOME VISIT SERVICE/PROCEDURE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
99601	**HOME NFS/SPECIALTY DRUG ADMN PER VISIT LT 2 HR**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
99602	**HOME NFS/SPECIALTY DRUG ADMN PR VST LT 2 HR EA ADDL**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
A0382	**BLS ROUTINE DISPOSABLE SUPPLIES**		**6**	**13**	**0**	**19**
APPROVED			6	0	0	6
			5	0	0	5
Denied			0	13	0	13
			0	13	0	13
A0398	**ALS ROUTINE DISPOSABLE SUPPLIES**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
A0422	**AMB OXYGEN AND O2 SUPPLIES LIFE SUSTAINING SITUATION**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2

Denied			0	1	0	1
			0	1	0	1
A0425	**Distance Test**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A0425	**GROUND MILEAGE PER STATUTE MILE**		**18**	**34**	**0**	**52**
Approved			18	0	0	18
			17	0	0	17
Denied			0	34	0	34
			0	34	0	34
A0426	**AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1**		**6**	**6**	**0**	**12**
Approved			6	0	0	6
			5	0	0	5
Denied			0	6	0	6
			0	6	0	6
A0428	**AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT**		**17**	**33**	**0**	**50**
Approved			17	0	0	17
			16	0	0	16
Denied			0	33	0	33
			0	33	0	33
A0428	**Transport Service Test**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A0429	**AMBULANCE SERVICE BLS EMERGENCY TRANSPORT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A0430	**AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A0431	**AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A0434	**SPECIALTY CARE TRANSPORT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A0435	**FIXED WING AIR MILEAGE PER STATUTE MILE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A0436	**ROTARY WING AIR MILEAGE PER STATUTE MILE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A0998	**AMBULANCE RESPONSE AND TREATMENT NO TRANSPORT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A0999	**UNLISTED AMBULANCE SERVICE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A2001	**INNOVAMATRIX AC PER SQ CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1

A4230	**INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
A4232	**SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
A4238	**SPL ALW ADJ NI CGM 1 MONTH SUPPLY Equal to 1 UOS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A4239	**SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS**		**4**	**4**	**0**	**8**
Approved			4	0	0	4
			4	0	0	4
Denied			0	4	0	4
			0	4	0	4
A4245	**ALCOHOL WIPES PER BOX**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
A4335	**INCONTINENCE SUPPLY; MISCELLANEOUS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4362	**SKIN BARRIER; SOLID 4 FOUR OR EQUIVALENT; EACH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4364	**ADHESIVE LIQUID OR EQUAL ANY TYPE PER OUNCE**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
A4371	**OSTOMY SKIN BARRIER POWDER PER OZ**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4385	**OST SKN BARRIER SOLID 4X4 EXT W/O CONVXITY EA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4394	**OSTOMY DEODORANT W/WO LUBRICANT POUCH PER FL OZ**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4406	**OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OUNCE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4407	**OST SKN BARRIER W/BUILT-IN CONVXITY 4X4 IN OR LT EA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4455	**ADHESIVE REMOVER OR SOLVENT PER OUNCE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4456	**ADHESIVE REMOVER WIPES ANY TYPE EACH**		**6**	**1**	**0**	**7**
Approved			6	0	0	6

			6	0	0	6
Denied			0	1	0	1
			0	1	0	1
A4481	**TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
A4554	**DISPOSABLE UNDERPADS ALL SIZES**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4556	**ELECTRODES PER PAIR**		**1**	**18**	**0**	**19**
Approved			1	0	0	1
			1	0	0	1
Denied			0	18	0	18
			0	17	0	17
Denied Elective Service - Out of Area/Non-contract provider			0	1	0	1
A4557	**LEAD WIRES PER PAIR**		**2**	**17**	**0**	**19**
Approved			2	0	0	2
			2	0	0	2
Denied			0	17	0	17
			0	16	0	16
Denied Elective Service - Out of Area/Non-contract provider			0	1	0	1
A4557	**Wire Leads**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4604	**TUBING W/INTGR HEAT ELEM W/POS AIRWAY PRESS DEVC**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A4616	**TUBING PER FOOT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4626	**TRACHEOSTOMY CLEANING BRUSH EACH**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
A4630	**REPLCMT BATTRY MED NECES TRNSQ ELEC STIM OWND PT**		**2**	**17**	**0**	**19**
Approved			2	0	0	2
			2	0	0	2
Denied			0	17	0	17
			0	16	0	16
Denied Elective Service - Out of Area/Non-contract provider			0	1	0	1
A4630	**Stimulator Battery Change**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A4649	**SURGICAL SUPPLY; MISCELLANEOUS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
A5063	**OSTOMY POUCH DRAINABLE; USE BARRIER W/FLANGE EA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1

A5112	**URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX EACH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A5120	**SKIN BARRIER WIPES OR SWABS EACH**		**5**	**1**	**0**	**6**
Approved			5	0	0	5
			5	0	0	5
Denied			0	1	0	1
			0	1	0	1
A5121	**SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
A5126	**ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
A6549	**GRADIENT COMPRESSION GARMENT NOT OTHERWISE SPEC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A6550	**WND CARE SET NEG PRSS WND TX ELEC PUMP SPL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A6588	**GRADIENT PRESSURE WRAP ADJUSTABLE STRAPS ARM EA**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A7000	**CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A7027	**COMB ORAL/NASAL MASK USED W/CPAP DEVICE EACH**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A7028	**ORAL CUSHION COMB ORAL/NASAL MASK REPL ONLY EACH**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A7029	**NASAL PILLOWS COMB ORAL/NASL MASK REPL ONLY PAIR**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A7030	**FULL FACE MASK USED W/POS ARWAY PRESS DEVICE EA**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A7031	**FACE MASK INTERFACE REPLCMT FULL FACE MASK EA**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A7032	**CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A7033	**PILLW NASL CANNULA TYPE INTERFCE REPL ONLY PAIR**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A7034	**NASL INTRFCE POS ARWAY PRSS DEVC W/WO HEAD STRAP**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2

A7035	**HEADGEAR USED W/POSITIVE AIRWAY PRESSURE DEVICE**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A7036	**CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEVICE**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A7037	**TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A7038	**FILTER DISPBL USED W/POS ARWAY PRESSURE DEVICE**		**0**	**4**	**0**	**4**
Denied			0	4	0	4
			0	4	0	4
A7039	**FILTER NON DISPBL USED W/POS ARWAY PRESS DEVICE**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
A7046	**WATR CHAMB HUMDIFIR USED W/POS ARWAY PRSS DEVC R**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
A7048	**VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT EA**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A7501	**TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM EACH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A7503	**FLTR HOLDER/CAP REUSBL TRACHEOSTOMA EXCHG SYS EA**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
A7507	**FLTR HLDR and INTGR FLTR W/O ADHES TRACHEOSTMA EXCHG**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
A7508	**HOUS and INTGR ADHES TRACHEOSTOMA EXCHG SYS and / VALV**		**8**	**0**	**0**	**8**
Approved			8	0	0	8
			8	0	0	8
A7520	**TRACHEOST/LARYNGECT TUBE NON-CUFFED POLYVINYLCHL**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
A7523	**TRACHEOSTOMY SHOWER PROTECTOR EACH**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
A7524	**TRACHEOSTOMA STENT/STUD/BUTTON EACH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A7526	**TRACHEOSTOMY TUBE COLLAR/HOLDER EACH**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
A9277	**TRANSMITTER; EXT USE WITH NONDME INTRSTL CGM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A9500	**TECHNETIUM TC-99M SESTAMIBI DX PER STUDY DOSE**		**1**	**1**	**0**	**2**

Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
A9540	**TECHNETIUM TC-99M MAA DX STDY DOSE UP TO 10 MCI**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
A9558	**XENON XE-133 GAS DIAGNOSTIC PER 10 MILLICURIES**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
A9596	**GALLIUM GA-68 GOZETOTIDE DIAG ILLUCCIX 1 MCI**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
A9606	**RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
A9900	**DME SUP/ACCESS/SRV-COMPON/OTH HCPCS**		**5**	**3**	**0**	**8**
Approved			5	0	0	5
			5	0	0	5
Denied			0	3	0	3
			0	3	0	3
A9901	**DME DEL SET UP and /DISPNS SRVC CMPNT ANOTH HCPCS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
APS	**Burn Unit**	**Inpatient Accomodation LOC BURN UNIT**	**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
APS	**CT ScanAb Pelvis**	**Auth - AI CT Ab+Pelvis (74176 - 78) CT ABD AND PELVIS W O CONTRAST**	**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
APS	**CT ScanLumbar Spine**	**Auth - AI CT Lumbar Spine (72131, 72132, 72133) CT LUMBAR SPINE W O DYE**	**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
APS	**Hospice**	**Inpatient Accomodation LOC HOSPICE**	**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
APS	**ICU Pediatrics**	**Inpatient Accomodation LOC PEDS-ICU**	**129**	**14**	**3**	**146**
APPROVED			129	0	0	129
			51	0	0	51
DENIED			0	14	0	14
			0	7	0	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	0	7
Pend			0	0	3	3
			0	0	3	3
APS	**ICU CCU**	**Inpatient Accomodation LOC ICU/CCU**	**597**	**92**	**30**	**719**
Approved			597	0	0	597
			513	0	0	513
Denied			0	92	0	92
			0	82	0	82
Approved Medically Necessary, Medical Director review			0	1	0	1
Denied Additional Information Not Received			0	6	0	6

Denied Medical Necessity Criteria Not Met Medical Director			0	3	0	3
Pend			0	0	30	30
			0	0	30	30
APS	**Intermediate ICU**	**Inpatient Accomodation LOC INTERMEDIATE ICU**	**15**	**3**	**0**	**18**
APPROVED			15	0	0	15
DENIED			0	3	0	3
Denied Additional Information Not Received			0	2	0	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
APS	**LTAC Level 1**	**Inpatient Accomodation LOC LTAC LEVEL 1**	**214**	**15**	**11**	**240**
Approved			214	0	0	214
			202	0	0	202
Denied			0	15	0	15
			0	12	0	12
Denied Medical Necessity Criteria Not Met Medical Director			0	3	0	3
Pend			0	0	11	11
			0	0	11	11
APS	**LTAC Level 2**	**Inpatient Accomodation LOC LTAC LEVEL 2**	**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
APS	**Medical**	**Inpatient Accomodation LOC MEDICAL**	**1839**	**1313**	**378**	**3530**
Approved			1839	0	0	1839
			1679	0	0	1679
Denied			0	1313	0	1313
			0	1166	0	1166
Approved Medical Criteria Met			0	1	0	1
Approved Medically Necessary, Medical Director review			0	3	0	3
Denied Additional Information Not Received			0	60	0	60
Denied for Hospital Late Notification per Contract			0	2	0	2
Denied for No Pre-authorization			0	2	0	2
Denied Medical Necessity Criteria Not Met Medical Director			0	77	0	77
Level of Care Not Appropriate			0	2	0	2
Pend			0	0	378	378
			0	0	1	1
			0	0	377	377
APS	**Medical Pediatrics**	**Inpatient Accomodation LOC PEDS-MEDICAL**	**74**	**44**	**8**	**126**
Approved			74	0	0	74
			71	0	0	71
Denied			0	44	0	44
			0	43	0	43
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
Pend			0	0	8	8
			0	0	8	8
APS	**Mental Health**	**Inpatient Accomodation LOC MENTAL HEALTH**	**290**	**7**	**24**	**321**
Approved			290	0	0	290
			285	0	0	285
Denied			0	7	0	7
			0	5	0	5
Denied Medical Necessity Criteria Not Met Medical Director			0	2	0	2
Pend			0	0	24	24
			0	0	24	24

APS	**MRIHip**	**Auth - AI MRI Hip (73721, 73722, 73723) MRI PELVIS W O DYE**	**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
APS	**MRILower Extremity Joint**	**Auth - AI Z - MRI LE Joint (73721, 73722, 73723) MRI JOINT OF LWR EXTR W DYE**	**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
APS	**MRILumbar Spine**	**Auth - AI MRI Lumbar Spine (72148, 72149, 72158) MRI LUMBAR SPINE W O DYE**	**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
APS	**MRIPelvis**	**Auth - AI MRI Pelvis (72195, 72196, 72197, 74712) MRI Pelvis**	**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
APS	**MRIUpper Extremity Joint**	**Auth - AI MRI Upper Extremity Joint (73221, 73222, 73223) MRI JOINT UPR EXTREM W O DYE**	**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
APS	**Nursery Newborn Level III**	**Inpatient Accomodation LOC NICU LEVEL 3**	**30**	**1**	**0**	**31**
APPROVED			30	0	0	30
			3	0	0	3
DENIED			0	1	0	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
APS	**Nursery Newborn Level IV**	**Inpatient Accomodation LOC NICU LEVEL 4**	**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
APS	**OB C Section**	**Inpatient Accomodation LOC OB-C/SECTION**	**81**	**0**	**6**	**87**
Approved			81	0	0	81
			80	0	0	80
Pend			0	0	6	6
			0	0	6	6
APS	**OB High Risk (Non Delivered)**	**Inpatient Accomodation LOC OB-HIGH RISK (NON DELIVERED)**	**43**	**7**	**1**	**51**
Approved			43	0	0	43
			42	0	0	42
Denied			0	7	0	7
			0	7	0	7
Pend			0	0	1	1
			0	0	1	1
APS	**OB Normal Vaginal**	**Inpatient Accomodation LOC OB-NORMAL VAGINAL**	**160**	**4**	**9**	**173**
Approved			160	0	0	160
			156	0	0	156
Denied			0	4	0	4
			0	4	0	4
Pend			0	0	9	9
			0	0	9	9
APS	**OB VBAC**	**Inpatient Accomodation LOC OB VBAC**	**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
APS	**Rehab Level 1**	**Inpatient Accomodation LOC REHAB LEVEL 1**	**187**	**18**	**25**	**230**
Approved			187	0	0	187
			165	0	0	165
Denied			0	18	0	18
			0	18	0	18
Pend			0	0	25	25
			0	0	25	25
APS	**Rehab Level 2**	**Inpatient Accomodation LOC REHAB LEVEL 2**	**2**	**0**	**0**	**2**
Approved			2	0	0	2

			2	0	0	2
APS	**SNF Level 1**	**Inpatient Accomodation LOC SNF LEVEL 1**	**111**	**16**	**10**	**137**
Approved			111	0	0	111
			108	0	0	108
Denied			0	16	0	16
			0	16	0	16
Pend			0	0	10	10
			0	0	10	10
APS	**SNF Level 2**	**Inpatient Accomodation LOC SNF LEVEL 2**	**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
APS	**Surgical**	**Inpatient Accomodation LOC SURGICAL**	**144**	**101**	**8**	**253**
Approved			144	0	0	144
			140	0	0	140
Denied			0	101	0	101
			0	100	0	100
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
Pend			0	0	8	8
			0	0	8	8
APS	**Surgical Pediatrics**	**Inpatient Accomodation LOC PEDS-SURGICAL**	**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
APS	**Tele Sac**	**Inpatient Accomodation LOC TELE/SAC**	**468**	**157**	**17**	**642**
Approved			468	0	0	468
			437	0	0	437
Denied			0	157	0	157
			0	141	0	141
Approved Medically Necessary, Medical Director review			0	1	0	1
Denied Additional Information Not Received			0	3	0	3
Denied Medical Necessity Criteria Not Met Medical Director			0	12	0	12
Pend			0	0	17	17
			0	0	17	17
APS	**Transplant**	**Inpatient Accomodation LOC TRANSPLANT**	**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
B4034	**ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
B4035	**ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
B4103	**ENTRAL FORMULA PED REPL FLS and LYTES 500 ML Equal to 1**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
B4152	**ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
B4154	**ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
B4160	**ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
B4185	**PARENTERAL NUTRITION SOL NOS 10 GRAMS LIPIDS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
B4189	**PARNTRAL NUT SOL; AMINO ACID AND CARB 10-51 GMS PROT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
B4193	**PARNTRAL NUT SOL; AMINO ACID AND CARB 52-73 GMS PROT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
B4197	**PARNTRAL NUT SOL; AMINO ACID AND CARB 74-100 GM PROT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
B4199	**PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
B4224	**PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
B9002	**ENTERAL NUTRITION INFUSION PUMP ANY TYPE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
B9998	**NOC FOR ENTERAL SUPPLIES**		**15**	**1**	**0**	**16**
Approved			15	0	0	15
			15	0	0	15
Denied			0	1	0	1
			0	1	0	1
B9998	**Supply Authorization**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
C1779	**LEAD PACEMAKER TRANSVENOUS VDD SINGLE PASS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
C1813	**PROSTHESIS PENILE INFLATABLE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
C1897	**LEAD NEUROSTIMULATOR TEST KIT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
C1982	**CATHETER PRES GENERAT 1-WAY VALV INTERMIT OCCL**		**1**	**0**	**0**	**1**

Approved			1	0	0	1
			1	0	0	1
C2596	**PROBE IMAGE GUIDED ROBOTIC WATERJET ABLATION**		**0**	**1**	**0**	**1**
DENIED			0	1	0	1
Denied Not a Covered Benefit			0	1	0	1
C2616	**BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE**		**3**	**2**	**0**	**5**
Approved			3	0	0	3
			3	0	0	3
Denied			0	2	0	2
			0	2	0	2
C8911	**MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST CHST**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
C8914	**MR ANGIO W/O CONTRST FLWED W/CONTRST LOW EXTRM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0143	**WALKER FOLDING WHEELED ADJUSTABLE/FIXED HEIGHT**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
E0194	**Air fluidized bed**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E0218	**FLUID CIRCULATING COLD PAD WITH PUMP ANY TYPE**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
E0260	**HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATTRSS**		**26**	**3**	**0**	**29**
Approved			26	0	0	26
			26	0	0	26
Denied			0	3	0	3
			0	3	0	3
E0261	**HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATTRSS**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E0277	**POWERED PRESSURE-REDUCING AIR MATTRESS**		**7**	**0**	**0**	**7**
Approved			7	0	0	7
			7	0	0	7
E0297	**HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0301	**HOS BED HEVY DUTY XTRA WIDE W/WT CAPACTY GT 350 PDS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
E0305	**BEDSIDE RAILS HALF-LENGTH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0431	**PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR AND MASK**		**1**	**1**	**0**	**2**

Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E0445	**OXIMETER DEVICE MSR BLD O2 LEVLS NON-INVASV**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0455	**OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0465	**HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF**		**8**	**1**	**0**	**9**
Approved			8	0	0	8
			6	0	0	6
Denied			0	1	0	1
			0	1	0	1
E0466	**HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF**		**26**	**0**	**0**	**26**
Approved			26	0	0	26
			23	0	0	23
E0470	**RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU**		**13**	**0**	**0**	**13**
Approved			13	0	0	13
			13	0	0	13
E0471	**RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0483	**HF CW OS SYS FULL THOR REG RECV SIM EXT OS EA**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
E0486	**ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
E0562	**HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE**		**0**	**4**	**0**	**4**
Denied			0	4	0	4
			0	4	0	4
E0565	**COMPRS AIR PWR EQP NOT SLF-CONTAIND/CYL DRIVN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0600	**RESP SUCTION PUMP HOME MODEL PRTBLE/STATION ELEC**		**2**	**0**	**1**	**3**
Approved			2	0	0	2
			2	0	0	2
Pend			0	0	1	1
			0	0	1	1
E0601	**CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE**		**1**	**5**	**0**	**6**
Approved			1	0	0	1
			1	0	0	1
Denied			0	5	0	5
			0	5	0	5
E0603	**BREAST PUMP ELECTRIC ANY TYPE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
E0630	**PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0637	**COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E0641	**STANDING FRAME/TABLE SYS MULTI-POSITION ANY SZ**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E0651	**Compression Sleeve**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
E0651	**PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS**		**6**	**2**	**0**	**8**
Approved			6	0	0	6
			6	0	0	6
Denied			0	2	0	2
			0	2	0	2
E0652	**PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS**		**10**	**3**	**0**	**13**
Approved			10	0	0	10
			10	0	0	10
Denied			0	3	0	3
			0	3	0	3
E0652	**Pressure Therapy Device**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0656	**SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK**		**5**	**1**	**0**	**6**
Approved			5	0	0	5
			5	0	0	5
Denied			0	1	0	1
			0	1	0	1
E0657	**SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
E0667	**Leg Sleeve for Compression**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
E0667	**SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG**		**15**	**4**	**0**	**19**
Approved			15	0	0	15
			15	0	0	15
Denied			0	4	0	4
			0	4	0	4
E0668	**SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
E0730	**TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION**		**0**	**6**	**0**	**6**
Denied			0	6	0	6
			0	6	0	6

E0740	**NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0745	**Muscle Stimulator Test**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E0745	**NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT**		**1**	**12**	**0**	**13**
Approved			1	0	0	1
			1	0	0	1
Denied			0	12	0	12
			0	10	0	10
Denied Elective Service - Out of Area/Non-contract provider			0	2	0	2
E0747	**OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E0748	**OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
E0760	**OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV**		**0**	**3**	**0**	**3**
Denied			0	3	0	3
			0	3	0	3
E0770	**FES TRANSQ STIM NERV and /MUSC GRP CMPL SYS NOS**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
E0776	**Iv pole**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
E0781	**AMB INFUS PUMP 1/MX CHANNL W/ADMN EQP WORN BY PT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E0784	**EXTERNAL AMBULATORY INFUSION PUMP INSULIN**		**8**	**3**	**0**	**11**
Approved			8	0	0	8
			8	0	0	8
Denied			0	3	0	3
			0	3	0	3
E0940	**TRAPEZE BAR FREESTANDING COMPLETE WITH GRAB BAR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0950	**WHEELCHAIR ACCESSORY TRAY EACH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E0951	**HEEL LOOP/HOLDER TYPE W/WO ANKLE STRAP EACH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E0952	**TOE LOOP/HOLDER ANY TYPE EACH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1

			0	1	0	1
E0953	**WHEELCHAIR AC LAT THIGH/KNEE SUPP ANY TYPE EA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E0955	**WC ACSS HEADREST CUSHNED FIX MOUNT HARDWARE EA**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E0960	**WC ACSS SHLDR HRNSS/STRAPS/CHST STRAP W/TYPE MOU**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E0961	**MANUAL WHEELCHAIR ACCESS WHEEL LOCK BRAKE EXT EA**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E0966	**MANUAL WHEELCHAIR ACCESS HEADREST EXTENSION EA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E0971	**MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
E0973	**WC ACCSS ADJUSTBL HT DTACH ARMRST CMPL ASSMBL EA**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
E0978	**WHLCHAIR ACSS PSTN BELT/SFTY BELT/PELV STRAP EA**		**3**	**3**	**0**	**6**
Approved			3	0	0	3
			3	0	0	3
Denied			0	3	0	3
			0	3	0	3
E0986	**MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E0995	**WHEELCHAIR ACCESSORY CALF REST/PAD REPL ONLY EA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E1002	**WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E1007	**WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1

			0	1	0	1
E1012	**WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E1020	**RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E1028	**WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN**		**5**	**1**	**0**	**6**
APPROVED			5	0	0	5
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
E1161	**MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E1226	**WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E1235	**WHLCHAIR PED SIZE RIGD ADJUSTBL W/SEATING SYSTEM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E1236	**WHLCHAIR PED SIZE FOLD ADJUSTBL W/SEATING SYSTEM**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E1390	**O2 CONC 1 DEL PORT 85 PCT OR GT 02 CONC AT PRSC FLW RATE**		**49**	**9**	**0**	**58**
Approved			49	0	0	49
			47	0	0	47
Denied			0	9	0	9
			0	9	0	9
E1392	**PORTABLE OXYGEN CONCENTRATOR RENTAL**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E1399	**DURABLE MEDICAL EQUIPMENT MISCELLANEOUS**		**10**	**17**	**0**	**27**
Approved			10	0	0	10
			10	0	0	10
Denied			0	17	0	17
			0	17	0	17
E2103	**NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER**		**5**	**3**	**0**	**8**
Approved			5	0	0	5
			5	0	0	5
Denied			0	3	0	3
			0	3	0	3
E2211	**MNL WHLCHAIR ACSS PNEUMAT PROPULSION TIRE ANY SZ**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E2213	**MNL WC ACSS INSRT PNEUMAT PROPULSION TIRE ANY SZ**		**1**	**0**	**0**	**1**

Approved			1	0	0	1
			1	0	0	1
E2298	**COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E2311	**PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER and TWO/MORE**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E2313	**POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E2323	**PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E2361	**PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E2374	**PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E2377	**PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
E2402	**NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE**		**26**	**1**	**0**	**27**
Approved			26	0	0	26
			26	0	0	26
Denied			0	1	0	1
			0	1	0	1
E2510	**SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
E2512	**ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E2599	**ACCESSORY FOR SPEECH GENERATING DEVICE NOC**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E2601	**GENERAL WHLCHAIR SEAT CUSHN WIDTH LT 22 IN DEPTH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1

			0	1	0	1
E2607	**SKN PROTECT and PSTN WC SEAT CUSHN WDTH LT 22 IN DEPTH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E2609	**CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E2613	**PSTN WC BACK CUSHN POST WIDTH LT 22 IN ANY HEIGHT**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			2	0	0	2
E2617	**CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
E2620	**PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH LT 22 IN**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E2622	**SKIN PROTECT WC SEAT CUSH WIDTH LT 22 IN ANY DEPTH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
E2624	**SKIN PROTECT and POSITIONING WC CUSH WIDTH LT 22 IN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
G0121	**COLOREC CANCR SCR; COLNSCPY NOT MEET HI RISK**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
G0151	**Nurse Care Visit**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
G0151	**SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN**		**69**	**18**	**1**	**88**
Approved			69	0	0	69
			69	0	0	69
Denied			0	18	0	18
			0	18	0	18
Pend			0	0	1	1
			0	0	1	1
G0151	**Therapy Session**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
G0152	**SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN**		**29**	**6**	**0**	**35**
Approved			29	0	0	29
			29	0	0	29
Denied			0	6	0	6
			0	6	0	6
G0153	**SRVC SPCH and LANG PATH HOME HLTH/HOSPICE EA 15 MIN**		**11**	**3**	**0**	**14**
Approved			11	0	0	11
			11	0	0	11
Denied			0	3	0	3
			0	3	0	3
G0155	**SRVC CLINICAL SOCIAL WORKER HH/HOSPICE EA 15 MIN**		**3**	**1**	**0**	**4**

Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
G0156	**SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN**		**13**	**5**	**0**	**18**
Approved			13	0	0	13
			13	0	0	13
Denied			0	5	0	5
			0	5	0	5
G0157	**SERVICES PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN**		**26**	**5**	**0**	**31**
Approved			26	0	0	26
			26	0	0	26
Denied			0	5	0	5
			0	5	0	5
G0157	**Therapy at Home**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
G0158	**SERVICE OT ASSIST HOME HEALTH/HOSPICE EA 15 MIN**		**6**	**1**	**0**	**7**
Approved			6	0	0	6
			6	0	0	6
Denied			0	1	0	1
			0	1	0	1
G0159	**SERVICES PT HOME HEALTH EST/DEL PT MP EA 15 MINS**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
G0162	**SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
G0249	**PRVS TEST MATL AND EQUIP HOME INR MON; ONCE A WEEK**		**4**	**2**	**0**	**6**
Approved			4	0	0	4
			4	0	0	4
Denied			0	2	0	2
			0	2	0	2
G0277	**HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT**		**10**	**1**	**0**	**11**
Approved			10	0	0	10
			10	0	0	10
Denied			0	1	0	1
			0	1	0	1
G0283	**E-STIM 1 OR GT AREAS OTH THAN WND CARE PART TX PLAN**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
G0299	**DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN**		**150**	**35**	**3**	**188**
Approved			150	0	0	150
			149	0	0	149
Denied			0	35	0	35
			0	35	0	35

Pend			0	0	3	3
			0	0	3	3
G0299	**Nurse Home Visit**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
G0300	**DIRECT SNS LPN HOME HLTH/HOSPICE SET EA 15 MIN**		**60**	**11**	**1**	**72**
Approved			60	0	0	60
			59	0	0	59
Denied			0	11	0	11
			0	11	0	11
Pend			0	0	1	1
			0	0	1	1
G0300	**Nurse Care Visit**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
G0318	**PRLNG HM/RES EM SRVC BYD TT PRIM SRVC; EA 15 MIN**		**0**	**2**	**0**	**2**
Denied			0	2	0	2
			0	2	0	2
G0330	**FAC SVCS DNTL REHAB PROC ON PT WHO RQRS MON ANES**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
G0339	**IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
G0340	**IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
G0378	**HOSPITAL OBSERVATION SERVICE PER HOUR**		**5**	**0**	**1**	**6**
Approved			5	0	0	5
			5	0	0	5
Pend			0	0	1	1
			0	0	1	1
G0399	**HST W/TYPE III PRTBLE MON UNATTENDED MIN 4 CH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
G0452	**MOLECLR PATH PROCEDURE; PHYSICIAN INTEPR REPORT**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
G0453	**CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
G0463	**HOSPITAL OUTPATIENT CLIN VISIT ASSESS AND MGMT PT**		**2**	**2**	**0**	**4**
Approved			2	0	0	2
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
G0480	**DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL**		**3**	**5**	**0**	**8**
Approved			3	0	0	3
			3	0	0	3
Denied			0	5	0	5

			0	5	0	5
G0481	**DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL**		**2**	**5**	**0**	**7**
Approved			2	0	0	2
			2	0	0	2
Denied			0	5	0	5
			0	5	0	5
G0482	**DRUG TEST**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
G0482	**DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR CL**		**2**	**7**	**0**	**9**
Approved			2	0	0	2
			2	0	0	2
Denied			0	7	0	7
			0	7	0	7
G0483	**DRUG TST DEFINITV DR ID METH P DAY 22/MORE DR CL**		**4**	**4**	**0**	**8**
Approved			4	0	0	4
			4	0	0	4
Denied			0	4	0	4
			0	4	0	4
G2067	**MEDICATION ASSISSTED TX METHADONE; WEEKLY BUNDLE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
G2099	**PT 66 and GT 1 CLM FRLTY DUR MSR and DUR/YR PRI MSR PR**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
G2211	**VISIT CPLX INHERENT E and M ASSOC WITH MED CARE SRVC**		**2**	**2**	**0**	**4**
Approved			2	0	0	2
			2	0	0	2
Denied			0	2	0	2
			0	2	0	2
G2212	**PROLONG OFC/OP E and M BYND REQ TIME; EA ADD 15 M**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
G3002	**CPM and TX MO BDL REQ INIT FTF AL 30 M; 1ST 30 MIN**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
G3003	**EACH ADD 15 MIN CPM and TX BY PHYS/OTH QHCP PER CM**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
G6012	**RAD TX DEL 3 OR GT SEP TX AR CSTM BLOCKING; 6-10 MEV**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
G6015	**INTENSITY MODULATED TX DEL 1/MX FLDS PER TX SESS**		**26**	**1**	**0**	**27**
Approved			26	0	0	26
			23	0	0	23
Denied			0	1	0	1
			0	1	0	1
G6017	**INTRA-FRAC LOC and TRACKING TARGET/PT M EA FRAC TX**		**12**	**0**	**0**	**12**
Approved			12	0	0	12
			12	0	0	12

H0004	**BEHAVIORAL HEALTH CNSL AND THERAPY PER 15 MINUTES**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
H0005	**ALCOHOL AND OR DRUG SERVICES; GROUP CNSL CLINICIAN**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
H0010	**ALCOHOL and / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
H0011	**ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG IP**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
H0012	**ALCOHOL and / DRUG SRVC; SUB-ACUTE DTOX RES PROG OP**		**7**	**2**	**0**	**9**
Approved			7	0	0	7
			7	0	0	7
Denied			0	2	0	2
			0	2	0	2
H0015	**ALCOHL and /RX SRVC;INTENSV OP;CRISIS INTRVN and ACTV TX**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
H0018	**BHVAL HEALTH; SHORT-TERM RES W/O ROOM and BOARD-DIEM**		**8**	**0**	**2**	**10**
Approved			8	0	0	8
			8	0	0	8
Pend			0	0	2	2
			0	0	2	2
H0020	**ALCOHL AND OR RX SRVC; METHADONE ADMIN AND OR SERVICE**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
H0031	**MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
H0035	**MENTAL HEALTH PARTIAL HOSP TX LT 24 HOURS**		**13**	**0**	**1**	**14**
Approved			13	0	0	13
			13	0	0	13
Pend			0	0	1	1
			0	0	1	1
H0047	**ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS**		**13**	**0**	**0**	**13**
Approved			13	0	0	13
			13	0	0	13
H2035			**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
H2035	**ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR**		**25**	**0**	**0**	**25**
Approved			25	0	0	25
			25	0	0	25
H2036	**ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER DIEM**		**11**	**0**	**2**	**13**
Approved			11	0	0	11
			11	0	0	11

Pend			0	0	2	2
			0	0	2	2
J0133	**INJECTION ACYCLOVIR 5 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J0171	**INJECTION ADRENALIN EPINEPHRINE 0.1 MG**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
J0360	**INJECTION HYDRALAZINE HCL UP TO 20 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J0475	**INJECTION BACLOFEN 10 MG**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
J0585	**BOTULINUM TOXIN TYPE A PER UNIT**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
J0604	**CINACALCET ORAL 1 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J0640	**INJECTION LEUCOVORIN CALCIUM PER 50 MG**		**2**	**0**	**1**	**3**
Approved			2	0	0	2
			2	0	0	2
Pend			0	0	1	1
			0	0	1	1
J0665	**INJECTION BUPIVICAINE NOS 0.5 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J0690	**INJECTION CEFAZOLIN SODIUM 500 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J0696	**INJECTION CEFTRIAXONE SODIUM PER 250 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J0702	**INJ BETAMETHASONE ACETATE AND PHOSPHATE 3 MG**		**0**	**1**	**0**	**1**
DENIED			0	1	0	1
Denied for No Pre-authorization			0	1	0	1
J0744	**INJECTION CIPROFLOXACIN INTRAVENOUS INFUS 200 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J0889	**DAPRODUSTAT ORAL 1 MG FOR ESRD ON DIALYSIS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J1050	**INJECTION MEDROXYPROGESTERONE ACETATE 1 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J1100	**INJECTION DEXAMETHOSONE SODIUM PHOSPHATE 1 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
J1170	**INJECTION HYDROMORPHONE UP TO 4 MG**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
J1190	**INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J1200	**INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
J1442	**INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
J1569	**INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J1575	**INJ IMMUNE GLOBULIN/HYALURONIDASE 100 MG IG**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
J1642	**INJECTION HEPARIN SODIUM PER 10 UNITS**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
J1644	**INJECTION HEPARIN SODIUM PER 1000 UNITS**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			2	0	0	2
J1756	**INJECTION IRON SUCROSE 1 MG**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			1	0	0	1
J1815	**INJECTION INSULIN PER 5 UNITS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J1885	**INJECTION KETOROLAC TROMETHAMINE PER 15 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J2001	**INJECTION LIDOCAINE HCL INTRAVENOUS INFUS 10 MG**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
J2060	**INJECTION LORAZEPAM 2 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J2175	**INJECTION MEPERIDINE HCL PER 100 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J2250	**INJECTION MIDAZOLAM HCL PER 1 MG**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1

Denied			0	1	0	1
			0	1	0	1
J2272	**INJ MOR SULFATE NOT EQUIV TO J2270 UP TO 10 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J2404	**INJECTION NICARDIPINE 0.1 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J2405	**INJECTION ONDANSETRON HCL PER 1 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J2545	**PENTAMIDINE ISETHIONATE I SOL NONCP UD P 300 MG**		**8**	**0**	**0**	**8**
Approved			8	0	0	8
			8	0	0	8
J2550	**INJECTION PROMETHAZINE HCL UP TO 50 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J2704	**INJECTION PROPOFOL 10 MG**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
J2796	**INJECTION ROMIPLOSTIM 10 MCG**		**6**	**1**	**0**	**7**
APPROVED			6	0	0	6
DENIED			0	1	0	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	0	1
J3010	**INJECTION FENTANYL CITRATE 0.1 MG**		**1**	**2**	**0**	**3**
Approved			1	0	0	1
			1	0	0	1
Denied			0	2	0	2
			0	2	0	2
J3262	**INJECTION TOCILIZUMAB 1 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J3301	**INJECTION TRIAMCINOLONE ACETONIDE NOS 10 MG**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
J3380	**INJECTION VEDOLIZUMAB 1 MG**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
J3490	**UNCLASSIFIED DRUGS**		**5**	**1**	**0**	**6**
Approved			5	0	0	5
			5	0	0	5
Denied			0	1	0	1
			0	1	0	1
J7030	**INFUSION NORMAL SALINE SOLUTION 1000 CC**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
J7040	**INFUSION NORMAL SALINE SOLUTION STERILE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
J7070	**INFUSION D-5-W 1000 CC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J8501	**APREPITANT ORAL 5 MG**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
J8700	**TEMOZOLOMIDE ORAL 5 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J8999	**PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J9000	**INJECTION DOXORUBICIN HCL 10 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J9050	**INJECTION CARMUSTINE 100 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J9060	**INJECTION CISPLATIN POWDER OR SOLUTION 10 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J9070	**CYCLOPHOSPHAMIDE 100 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J9075	**INJECTION CYCLOPHOSPHAMIDE NOS 5 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J9100	**INJECTION CYTARABINE 100 MG**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
J9181	**INJECTION ETOPOSIDE 10 MG**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
J9185	**INJECTION FLUDARABINE PHOSPHATE 50 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J9201	**INJECTION GEMCITABINE HCL NOS 200 MG**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
J9206	**INJECTION IRINOTECAN 20 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J9208	**INJECTION IFOSFAMIDE 1 G**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
J9209	**INJECTION MESNA 200 MG**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
J9250	**METHOTREXATE SODIUM 5 MG**		**2**	**0**	**0**	**2**

Approved			2	0	0	2
			2	0	0	2
J9260	**INJECTION METHOTREXATE SODIUM 50 MG**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
J9260	**METHOTREXATE SODIUM 50 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J9266	**INJECTION PEGASPARGASE PER SINGLE DOSE VIAL**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
J9312	**INJECTION RITUXIMAB 10 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J9351	**INJECTION TOPOTECAN 0.1 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
J9370	**VINCRISTINE SULFATE 1 MG**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
J9390	**INJECTION VINORELBINE TARTRATE 10 MG**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
K0001	**Standard wheelchair**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
K0004	**HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
K0005	**ULTRALIGHTWEIGHT WHEELCHAIR**		**3**	**1**	**0**	**4**
Approved			3	0	0	3
			3	0	0	3
Denied			0	1	0	1
			0	1	0	1
K0040	**ADJUSTABLE ANGLE FOOTPLATE EACH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
K0108	**OTHER ACCESSORIES**		**20**	**2**	**0**	**22**
APPROVED			20	0	0	20
			10	0	0	10
Denied			0	2	0	2
			0	2	0	2
K0195	**ELEVATING LEGREST PAIR**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
K0606	**AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE**		**8**	**1**	**0**	**9**
Approved			8	0	0	8
			8	0	0	8

Denied			0	1	0	1
			0	1	0	1
K0800	**PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
K0821	**PWR WC GRP 2 STD PORT CAPT CHAIR PT TO and Equal to 300**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
K0861	**PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO and Equal to 300**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
K0862	**PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
L0637	**LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB**		**4**	**1**	**0**	**5**
Approved			4	0	0	4
			4	0	0	4
Denied			0	1	0	1
			0	1	0	1
L0650	**LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
L0984	**PROTECTIVE BODY SOCK PREFAB OFF SHELF EACH**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
L1200	**TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
L1210	**ADDITION TO TLSO LATERAL THORACIC EXTENSION**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
L1290	**ADDITION TO TLSO LOW LATERAL TROCHANTERIC PAD**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
L1844	**KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
L1846	**KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
L1970	**AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED**		**6**	**0**	**0**	**6**
Approved			6	0	0	6
			6	0	0	6
L2999	**LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
L3260	**SURGICAL BOOT/SHOE EACH**		**0**	**1**	**0**	**1**

Denied			0	1	0	1
			0	1	0	1
L3908	**WRIST-HAND ORTHOSIS EXT CONTROL COCK-UP PREFAB**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
L5301	**BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
L5321	**ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
L5611	**ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
L5649	**ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
L5651	**ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
L5700	**REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL**		**3**	**0**	**0**	**3**
Approved			3	0	0	3
			3	0	0	3
L5783	**ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
L5845	**ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
L5981	**ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
L5987	**ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
L8039	**BREAST PROSTHESIS NOT OTHERWISE SPECIFIED**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
L8500	**ARTIFICIAL LARYNX ANY TYPE**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
L8509	**TRACHEO-ESOPH VOICE PROSTH INSRT LIC HEALTH PROV**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
L8511	**INSRT INDWLL TRACHEOESOPH PROS W/WO VALV REPLCMT**		**4**	**0**	**0**	**4**
Approved			4	0	0	4
			4	0	0	4
L8513	**CLEANING DEVC USED W/TRACHEOESOPH VOICE PROS PIP**		**4**	**0**	**0**	**4**

Approved			4	0	0	4
			4	0	0	4
L8614	**COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
L8619	**COCHLEAR IMPL EXT SPEECH PROCESSR/CONTROLLR REPL**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
L8680	**IMPLANTABLE NEUROSTIMULATOR ELECTRODE EACH**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
L8699	**PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED**		**1**	**0**	**0**	**1**
APPROVED			1	0	0	1
P9011	**BLOOD SPLIT UNIT**		**11**	**1**	**0**	**12**
Approved			11	0	0	11
			11	0	0	11
Denied			0	1	0	1
			0	1	0	1
P9016	**BLOOD SPLIT UNIT**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
P9016	**RED BLOOD CELLS LEUKOCYTES REDUCED EACH UNIT**		**9**	**1**	**0**	**10**
Approved			9	0	0	9
			9	0	0	9
Denied			0	1	0	1
			0	1	0	1
Q0508	**Device Accessory**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
Q0508	**MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD**		**3**	**7**	**0**	**10**
Approved			3	0	0	3
			3	0	0	3
Denied			0	7	0	7
			0	7	0	7
Q0509	**MISC SPL/ACSS IMPL VAD NO PAYMENT MEDICARE PRT A**		**5**	**0**	**0**	**5**
APPROVED			5	0	0	5
Q2053	**BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
Q3001	**ADJUNCTIVE PROCEDURE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
Q3014	**TELEHEALTH ORIGINATING SITE FACILITY FEE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
Q4133	**GRAFIX PRM GRAFIXPL PRM STRAVIX AND STRAVIXPL P SC**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
Q4158	**KERECIS OMEGA3 PER SQUARE CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1

			1	0	0	1
Q4186	**EPIFIX PER SQ CM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
Q4217	**WNDFIX BIOWND WNDFIX Plus BIOWND Plus WNDFIX X Plus /X Plu**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
Q5001	**HOSPICE/HOME HEALTH CARE PROV PT HOME/RESIDENCE**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
Q9966	**LOCM 200-299 MG/ML IODINE CONCENTRATION PER ML**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
Q9967	**LOCM 300-399 MG/ML IODINE CONCENTRATION PER ML**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
S0028	**INJECTION FAMOTIDINE 20 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
S0164	**INJECTION PANTOPRAZOLE SODIUM 40 MG**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
S0189	**TESTOSTERONE PELLET 75 MG**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1
			0	1	0	1
S0201	**PARTIAL HOSPITALIZATION SERVICES LT 24 HR PER DIEM**		**5**	**0**	**0**	**5**
Approved			5	0	0	5
			5	0	0	5
S0215	**NON-EMERGENCY TRANSPORTATION; PER MILE**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
S1040	**CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB**		**5**	**1**	**0**	**6**
Approved			5	0	0	5
			5	0	0	5
Denied			0	1	0	1
			0	1	0	1
S1091	**STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
S2068	**BREAST RECON DIEP/SIEA FLAP and CLOS DONR SITE UNI**		**8**	**0**	**0**	**8**
Approved			8	0	0	8
			6	0	0	6
S2095	**TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI**		**2**	**1**	**0**	**3**
Approved			2	0	0	2
			2	0	0	2
Denied			0	1	0	1

			0	1	0	1
S2900	**SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS**		**4**	**4**	**0**	**8**
Approved			4	0	0	4
			4	0	0	4
Denied			0	4	0	4
			0	4	0	4
S9002	**INTRA-VAG MS SYS PRVD BF PELV FLR MUS REHAB DVC**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
S9123	**NURSING CARE THE HOME; REGISTERED NURSE PER HOUR**		**1**	**3**	**0**	**4**
Approved			1	0	0	1
			1	0	0	1
Denied			0	3	0	3
			0	3	0	3
S9124	**NURSING CARE IN THE HOME; BY LPN PER HOUR**		**1**	**4**	**0**	**5**
Approved			1	0	0	1
			1	0	0	1
Denied			0	4	0	4
			0	4	0	4
S9128	**SPEECH THERAPY IN THE HOME PER DIEM**		**3**	**3**	**0**	**6**
Approved			3	0	0	3
			3	0	0	3
Denied			0	3	0	3
			0	3	0	3
S9129	**OCCUPATIONAL THERAPY IN THE HOME PER DIEM**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
S9131	**PHYSICAL THERAPY; IN THE HOME PER DIEM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
S9152	**SPEECH THERAPY RE-EVALUATION**		**3**	**4**	**0**	**7**
Approved			3	0	0	3
			3	0	0	3
Denied			0	4	0	4
			0	4	0	4
S9370	**HOME THERAPY INTERMITTENT ANTI-EMETIC INJ TX;**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
S9379	**HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
S9445	**PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
S9480	**INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
S9988	**SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL**		**0**	**1**	**0**	**1**

Denied			0	1	0	1
			0	1	0	1
T1000	**PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
T1007	**ALCOHOL and /SUBSTNC ABS SRVC TX PLAN DVLP and /MOD**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
T4524	**ADLT SZD DISPBL INCONT PROD BRF/DIAPER X-LG EA**		**0**	**1**	**0**	**1**
Denied			0	1	0	1
			0	1	0	1
V5011	**FITTING/ORIENTATION/CHECKING OF HEARING AID**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
V5160	**DISPENSING FEE BINAURAL**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
V5221	**HEARING AID CONTRALAT ROUT SYS BINAURAL BTE/BTE**		**1**	**1**	**0**	**2**
Approved			1	0	0	1
			1	0	0	1
Denied			0	1	0	1
			0	1	0	1
V5261	**HEARING AID DIGITAL BINAURAL BTE**		**2**	**0**	**0**	**2**
Approved			2	0	0	2
			2	0	0	2
V5264	**EAR MOLD/INSERT NOT DISPOSABLE ANY TYPE**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
V5267	**HEARING AID/ALD/SUPP/ACCESS NOT OTHERWISE SPEC**		**1**	**0**	**0**	**1**
Approved			1	0	0	1
			1	0	0	1
Prior Authorization Grand Totals			**17983**	**6003**	**589**	**24575**