

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	Total Prior Authorizations
00103	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE		1	0	1
APPROVED			1	0	1
0016U	ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW		1	0	1
APPROVED			1	0	1
00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS		3	0	3
APPROVED			3	0	3
0018U	ONC THYR 10 MICRORNA SEQ Plus +/- RSLT MOD HI RSK MAL		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES		4	8	12
APPROVED			4	0	4
DENIED			0	8	8
Denied Additional Information Not Received			0	1	1
Denied for No Pre-authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
0047U	ONC PRST8 MRNA GEN XPRS PRL 17 GEN ALG RSK SCOR		1	6	7
APPROVED			1	0	1
DENIED			0	6	6
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Not a Covered Benefit			0	3	3
00731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS		18	0	18
APPROVED			18	0	18
00811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS		24	0	24
APPROVED			24	0	24
00812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC		24	0	24
APPROVED			24	0	24
00813	ANESTHESIA COMBINED UPPER AND LOWER GI ENDOSCOPIC PX		7	0	7
APPROVED			7	0	7
00868	ANES XTRPRTL LWR ABD W/URIN TRACT RENAL TRANSPL		1	0	1
APPROVED			1	0	1
01112	ANES BONE MARROW ASPIR and /BX ANT/PST ILIAC CREST		2	0	2
APPROVED			2	0	2
0126			2	0	2
APPROVED			2	0	2
0170	Nursery - General		1	0	1
APPROVED			1	0	1
0172	Nursery - Newborn - Level II		9	3	12
APPROVED			9	0	9
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3

0173	Nursery - Newborn - Level III	7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
0174	Nursery - Newborn - Level IV	2	0	2
APPROVED		2	0	2
0179	Nursery - Other	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
0191		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Benefit limits exceeded		0	1	1
0191T	ANT SEGMENT INSERTION DRAINAGE W/O RESERVOIR INT	6	6	12
APPROVED		6	0	6
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Not a Covered Benefit		0	3	3
01992	ANES DX/THER NERVE BLOCK/INJECTION PRONE POS	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
0275T	PERC LAMINO-/LAMINECTOMY INDIR IMAG GUIDE LUMBAR	1	0	1
APPROVED		1	0	1
0295T	EXT ECG GT 48HR TO 21 DAY RCRD SCAN ANLYS REP R and I	31	12	43
APPROVED		31	0	31
DENIED		0	12	12
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
Denied Non Participating Provider		0	2	2
Denied Not a Covered Benefit		0	4	4
0296T	EXT ECG GT 48HR TO 21 DAY RCRD W/CONECT INTL RCRD	7	8	15
APPROVED		7	0	7
DENIED		0	8	8
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Not a Covered Benefit		0	5	5
0297T	EXT ECG GT 48HR TO 21 DAY SCAN ANALYSIS W/REPORT	0	4	4
DENIED		0	4	4
Denied for No Pre-authorization		0	1	1
Denied Not a Covered Benefit		0	3	3
0298T	EXT ECG GT 48HR TO 21 DAY REVIEW AND INTERPRETATN	8	8	16
APPROVED		8	0	8
DENIED		0	8	8
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Not a Covered Benefit		0	5	5
0349T	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
0376T	ANT SEGMENT INSERT DRAIN W/O RESERVOIR EA ADDL	2	0	2
APPROVED		2	0	2
0379T	VISUAL FIELD ASSESSMENT TECH SUPPORT W/INSTRUCT	0	1	1

DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
0446T	CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0448T	RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0490			1	0	1
APPROVED			1	0	1
0512T	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
0617T	INSJ IRIS PROSTH RMVL CRYSTLN LENS and INSJ IO LENS		1	0	1
APPROVED			1	0	1
0905			4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
0906			10	0	10
APPROVED			10	0	10
0912			8	0	8
APPROVED			8	0	8
0915			1	0	1
APPROVED			1	0	1
10005	FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
1002			4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
10121	INCISION AND REMOVAL FOREIGN BODY SUBQ TISS COMPL		1	0	1
APPROVED			1	0	1
11005	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL		1	0	1
APPROVED			1	0	1
11008	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION		1	0	1
APPROVED			1	0	1
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM OR LT		10	2	12
APPROVED			10	0	10
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
11043	DEBRIDEMENT MUSCLE and FASCIA 20 SQ CM OR LT		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
11044	DEBRIDEMENT BONE MUSCLE and /FASCIA 20 SQ CM OR LT		6	2	8
APPROVED			6	0	6
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
11045	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM		6	1	7

APPROVED		6	0	6
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
11046	DEBRIDEMENT MUSCLE and /FASCIA EA ADDL 20 SQ CM	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
11047	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	1	0	1
APPROVED		1	0	1
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	2	0	2
APPROVED		2	0	2
11103	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	2	0	2
APPROVED		2	0	2
11104	PUNCH BIOPSY SKIN SINGLE LESION	2	0	2
APPROVED		2	0	2
11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	2	0	2
APPROVED		2	0	2
11106	INCISIONAL BIOPSY SKIN SINGLE LESION	1	0	1
APPROVED		1	0	1
11107	INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	1	0	1
APPROVED		1	0	1
11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	1	0	1
APPROVED		1	0	1
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM OR LT	1	0	1
APPROVED		1	0	1
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	1	0	1
APPROVED		1	0	1
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	1	0	1
APPROVED		1	0	1
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	1	0	1
APPROVED		1	0	1
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	1	0	1
APPROVED		1	0	1
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	1	0	1
APPROVED		1	0	1
11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM OR LT	1	0	1
APPROVED		1	0	1
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	1	0	1
APPROVED		1	0	1
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
11721	DEBRIDEMENT NAIL ANY METHOD 6 OR GT	1	0	1
APPROVED		1	0	1
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	2	0	2
APPROVED		2	0	2
11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	1	0	1
APPROVED		1	0	1
11772	EXCISION PILONIDAL CYST/SINUS COMPLICATED	2	0	2
APPROVED		2	0	2
11900	INJECTION INTRALESIONAL UP TO AND INCLUD 7 LESIONS	5	3	8
APPROVED		5	0	5

DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Not a Covered Benefit		0	2	2
11901	INJECTION INTRALESIONAL GT 7 LESIONS	0	2	2
DENIED		0	2	2
Denied for No Pre-authorization		0	1	1
Denied Not a Covered Benefit		0	1	1
11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM OR LT	1	0	1
APPROVED		1	0	1
11921	TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	1	0	1
APPROVED		1	0	1
11922	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	1	0	1
APPROVED		1	0	1
11970	REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT	3	0	3
APPROVED		3	0	3
11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	4	0	4
APPROVED		4	0	4
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	1	0	1
APPROVED		1	0	1
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM OR LT	1	0	1
APPROVED		1	0	1
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	1	0	1
APPROVED		1	0	1
12051	REPAIR INTERMEDIATE F/E/E/N/L and /MUC 2.5 CM OR LT	1	0	1
APPROVED		1	0	1
12052	REPAIR INTERMEDIATE F/E/E/N/L and /MUC 2.6-5.0 CM	2	0	2
APPROVED		2	0	2
12053	REPAIR INTERMEDIATE F/E/E/N/L and /MUC 5.1-7.5 CM	1	0	1
APPROVED		1	0	1
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	5	0	5
APPROVED		5	0	5
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM OR LT	4	0	4
APPROVED		4	0	4
13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	1	0	1
APPROVED		1	0	1
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	1	0	1
APPROVED		1	0	1
13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM OR LT	1	0	1
APPROVED		1	0	1
13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	1	0	1
APPROVED		1	0	1
14000	ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM OR LT	2	0	2
APPROVED		2	0	2
14001	ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	4	0	4
APPROVED		4	0	4
14020	ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM OR LT	2	0	2
APPROVED		2	0	2
14021	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	1	0	1
APPROVED		1	0	1
14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 105QCM OR LT	4	0	4
APPROVED		4	0	4
14041	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	2	0	2

APPROVED			2	0	2
14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM OR LT		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
14061	ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM		1	0	1
APPROVED			1	0	1
14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM		14	0	14
APPROVED			14	0	14
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM		15	0	15
APPROVED			15	0	15
14350	FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE		1	0	1
APPROVED			1	0	1
15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT		1	0	1
APPROVED			1	0	1
15100	SPLIT AGRFT T/A/L 1ST 100 CM/ and /1 PCT BDY INFT/CHLD		2	0	2
APPROVED			2	0	2
15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM OR LT /1 PCT		3	0	3
APPROVED			3	0	3
15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM OR LT		1	0	1
APPROVED			1	0	1
15201	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM OR LT		1	0	1
APPROVED			1	0	1
15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM OR LT		3	0	3
APPROVED			3	0	3
15221	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 CM OR LT		2	0	2
APPROVED			2	0	2
15240	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM OR LT		4	0	4
APPROVED			4	0	4
15241	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA20CM OR LT		3	0	3
APPROVED			3	0	3
15260	FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM OR LT		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
15261	FTH/GFT FREE W/DIR CLSR N/E/E/L EA 20 SQ CM OR LT		1	0	1
APPROVED			1	0	1
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM OR LT 1ST 25		2	0	2
APPROVED			2	0	2
15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC		2	0	2
APPROVED			2	0	2
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM		1	0	1
APPROVED			1	0	1
15275	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM		3	0	3
APPROVED			3	0	3
15276	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM EA ADDL25SQ CM		2	0	2
APPROVED			2	0	2
15570	FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK		1	0	1
APPROVED			1	0	1
15572	FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS		1	0	1
APPROVED			1	0	1
15574	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F		1	0	1

APPROVED			1	0	1
15576	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL		1	0	1
APPROVED			1	0	1
15600	DELAY FLAP/SECTIONING FLAP TRUNK		1	0	1
APPROVED			1	0	1
15610	DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS		1	0	1
APPROVED			1	0	1
15620	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F		1	0	1
APPROVED			1	0	1
15630	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS		1	0	1
APPROVED			1	0	1
15730	MIDFACE FLAP W/PRESERVATION OF VASCULAR PEDICLES		1	0	1
APPROVED			1	0	1
15733	MUSC MYOQ/FSCQ FLAP HEAD and NECK W/NAMED VASC PEDCL		3	0	3
APPROVED			3	0	3
15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK		5	0	5
APPROVED			5	0	5
15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR		2	0	2
APPROVED			2	0	2
15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY		1	0	1
APPROVED			1	0	1
15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST		3	0	3
APPROVED			3	0	3
15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS		3	0	3
APPROVED			3	0	3
15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS		1	0	1
APPROVED			1	0	1
15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC		3	0	3
APPROVED			3	0	3
15770	GRAFT DERMA-FAT-FASCIA		3	0	3
APPROVED			3	0	3
15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC		3	0	3
APPROVED			3	0	3
15773	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS		2	0	2
APPROVED			2	0	2
15774	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 25 CC		1	0	1
APPROVED			1	0	1
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT		6	0	6
APPROVED			6	0	6
15822	BLEPHAROPLASTY UPPER EYELID		2	0	2
APPROVED			2	0	2
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN		10	0	10
APPROVED			10	0	10
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY		2	0	2
APPROVED			2	0	2
15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT		4	0	4
APPROVED			4	0	4
17000	DESTRUCTION PREMALIGNANT LESION 1ST		2	0	2

APPROVED			2	0	2
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA		2	0	2
APPROVED			2	0	2
17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE LT 10CM		3	0	3
APPROVED			3	0	3
17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM		3	0	3
APPROVED			3	0	3
17108	DSTRJ CUTANEOUS VASCULAR LESIONS GT 50.0 SQ CM		3	0	3
APPROVED			3	0	3
17110	DESTRUCTION BENIGN LESIONS UP TO 14		1	0	1
APPROVED			1	0	1
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE		1	0	1
APPROVED			1	0	1
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
17312	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE		3	0	3
APPROVED			3	0	3
19083	BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID		1	0	1
APPROVED			1	0	1
19085	BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID		1	0	1
APPROVED			1	0	1
19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES		1	0	1
APPROVED			1	0	1
19300	MASTECTOMY GYNECOMASTIA		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
19301	MASTECTOMY PARTIAL		5	0	5
APPROVED			5	0	5
19303	MASTECTOMY SIMPLE COMPLETE		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN		1	0	1
APPROVED			1	0	1
19316	MASTOPEXY		3	0	3
APPROVED			3	0	3
19318	BREAST REDUCTION		6	0	6
APPROVED			6	0	6
19325	BREAST AUGMENTATION WITH IMPLANT		3	0	3
APPROVED			3	0	3
19328	REMOVAL INTACT BREAST IMPLANT		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
19330	RMVL RUPTURED BREAST IMPLANT W/IMPLANT CONTENTS		2	0	2
APPROVED			2	0	2

19340	INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	5	0	5
APPROVED		5	0	5
19350	NIPPLE/AREOLA RECONSTRUCTION	3	0	3
APPROVED		3	0	3
19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	6	0	6
APPROVED		6	0	6
19364	BREAST RECONSTRUCTION W/FREE FLAP	2	0	2
APPROVED		2	0	2
19366	BREAST RECONSTRUCTION OTHER TECHNIQUE	2	0	2
APPROVED		2	0	2
19370	REVISION PERI-IMPLANT CAPSULE BREAST	5	0	5
APPROVED		5	0	5
19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	9	0	9
APPROVED		9	0	9
19380	REVISION OF RECONSTRUCTED BREAST	7	0	7
APPROVED		7	0	7
19499	UNLISTED PROCEDURE BREAST	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
20102	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	1	0	1
APPROVED		1	0	1
20225	BIOPSY BONE TROCAR/NEEDLE DEEP	2	0	2
APPROVED		2	0	2
20245	BIOPSY BONE OPEN DEEP	3	0	3
APPROVED		3	0	3
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	1	0	1
APPROVED		1	0	1
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	1	0	1
APPROVED		1	0	1
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	9	2	11
APPROVED		9	0	9
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	8	2	10
APPROVED		8	0	8
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
20610	ARTHROCENTESIS ASPIR and /INJ MAJOR JT/BURSA W/O US	2	0	2
APPROVED		2	0	2
20611	ARTHROCENTESIS ASPIR and /INJ MAJOR JT/BURSA W/US	3	0	3
APPROVED		3	0	3
20660	APPL CRANIAL TONG/STRCTC FRAME W/REMOVAL SPX	1	0	1
APPROVED		1	0	1
20665	REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL	1	0	1

APPROVED		1	0	1
20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	1	0	1
APPROVED		1	0	1
20680	REMOVAL IMPLANT DEEP	1	0	1
APPROVED		1	0	1
20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	2	0	2
APPROVED		2	0	2
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	2	0	2
APPROVED		2	0	2
20926	TISSUE GRAFTS OTHER	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	39	1	40
APPROVED		39	0	39
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	8	0	8
APPROVED		8	0	8
20932	OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF and BONE	1	0	1
APPROVED		1	0	1
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	29	1	30
APPROVED		29	0	29
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	4	0	4
APPROVED		4	0	4
20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	1	0	1
APPROVED		1	0	1
20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	9	0	9
APPROVED		9	0	9
20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	3	0	3
APPROVED		3	0	3
20982	ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	1	0	1
APPROVED		1	0	1
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	0	1	1
DENIED		0	1	1
Denied for No Pre-authorization		0	1	1
21011	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ LT 2CM	1	0	1
APPROVED		1	0	1
21012	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM OR GT	1	0	1
APPROVED		1	0	1
21030	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL and CURTG	2	0	2
APPROVED		2	0	2
21031	EXCISION TORUS MANDIBULARIS	1	0	1
APPROVED		1	0	1
21032	EXCISION MAXILLARY TORUS PALATINUS	1	0	1
APPROVED		1	0	1
21044	EXCISION MALIGNANT TUMOR MANDIBLE	1	0	1
APPROVED		1	0	1
21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	4	0	4
APPROVED		4	0	4
21082	IMPRESSION AND PREPJ PALATAL AUGMENTATION PROSTHES	1	0	1

APPROVED			1	0	1
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
21147	RCNSTJ MIDFACE LEFORT I 3 OR GT PIECE W/BONE GRAFTS		1	0	1
APPROVED			1	0	1
21179	RCNSTJ FOREHEAD and / SUPRAORB RIMS W/ALGRF/PROSTC		1	0	1
APPROVED			1	0	1
21188	RCNSTJ MDFC OTH/THN LEFORT OSTEOT and BONE GRAFTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
21196	RCNSTJ MNDBLR RAMI and /BDY SGT L SPLT W/INT RGD FI		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
21198	OSTEOTOMY MANDIBLE SEGMENTAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
21215	GRAFT BONE MANDIBLE		4	0	4
APPROVED			4	0	4
21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR		7	0	7
APPROVED			7	0	7
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
21243	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE		4	0	4
APPROVED			4	0	4
21245	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL		2	0	2
APPROVED			2	0	2
21247	RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS		1	0	1
APPROVED			1	0	1
21248	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL		2	0	2
APPROVED			2	0	2
21249	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE		1	0	1
APPROVED			1	0	1
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE		1	0	1
APPROVED			1	0	1
21330	OPEN TX NASAL FX COMP W/INT and /XTRNL SKELETAL FI		1	0	1
APPROVED			1	0	1
21390	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC		1	0	1
APPROVED			1	0	1
21407	OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT		1	0	1

APPROVED			1	0	1
21497	INTERDENTAL WIRING OTHER THAN FRACTURE		1	0	1
APPROVED			1	0	1
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD		1	0	1
APPROVED			1	0	1
21501	I and D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX		1	0	1
APPROVED			1	0	1
21550	BIOPSY SOFT TISSUE NECK/THORAX		1	0	1
APPROVED			1	0	1
21552	EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM OR GT		1	0	1
APPROVED			1	0	1
21554	EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM OR GT		1	0	1
APPROVED			1	0	1
21555	EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ LT 3CM		1	0	1
APPROVED			1	0	1
21600	EXCISION RIB PARTIAL		1	0	1
APPROVED			1	0	1
21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP		1	0	1
APPROVED			1	0	1
21932	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL LT 5CM		2	0	2
APPROVED			2	0	2
21935	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK LT 5CM		1	0	1
APPROVED			1	0	1
22220	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV		1	0	1
APPROVED			1	0	1
22226	OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM		1	0	1
APPROVED			1	0	1
22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL		1	0	1
APPROVED			1	0	1
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR		1	0	1
APPROVED			1	0	1
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2		27	0	27
APPROVED			27	0	27
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC		17	0	17
APPROVED			17	0	17
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2		2	0	2
APPROVED			2	0	2
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR		8	0	8
APPROVED			8	0	8
22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC		5	0	5
APPROVED			5	0	5
22600	ARTHRODESIS PST/PSTLAT CERVICAL BELW C2 SGM		4	0	4
APPROVED			4	0	4
22610	ARTHRODESIS POSTERIOR/POSTEROLATERAL THORACIC		1	0	1
APPROVED			1	0	1
22612	ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR		16	1	17
APPROVED			16	0	16
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
22614	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL		17	0	17
APPROVED			17	0	17
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR		1	0	1

APPROVED			1	0	1
22633	ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR		17	0	17
APPROVED			17	0	17
22634	ARTHDSIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG		4	0	4
APPROVED			4	0	4
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
22830	EXPLORATION SPINAL FUSION		1	0	1
APPROVED			1	0	1
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION		19	0	19
APPROVED			19	0	19
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG		14	0	14
APPROVED			14	0	14
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS		21	0	21
APPROVED			21	0	21
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS		11	0	11
APPROVED			11	0	11
22849	REINSERTION SPINAL FIXATION DEVICE		2	0	2
APPROVED			2	0	2
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION		1	0	1
APPROVED			1	0	1
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION		1	0	1
APPROVED			1	0	1
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD		42	0	42
APPROVED			42	0	42
22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD		3	0	3
APPROVED			3	0	3
22855	REMOVAL ANTERIOR INSTRUMENTATION		1	0	1
APPROVED			1	0	1
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV		3	0	3
APPROVED			3	0	3
22867	INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL		1	0	1
APPROVED			1	0	1
22868	INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL		1	0	1
APPROVED			1	0	1
22869	INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL		1	0	1
APPROVED			1	0	1
22899	UNLISTED PROCEDURE SPINE		4	0	4
APPROVED			4	0	4
23120	CLAVICULECTOMY PARTIAL		1	0	1
APPROVED			1	0	1
23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE		1	0	1
APPROVED			1	0	1
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE		1	0	1
APPROVED			1	0	1
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC		6	0	6

APPROVED			6	0	6
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC		1	0	1
APPROVED			1	0	1
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR		1	0	1
APPROVED			1	0	1
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR		1	0	1
APPROVED			1	0	1
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER		4	0	4
APPROVED			4	0	4
23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION		1	0	1
APPROVED			1	0	1
23585	OPEN TX SCAPULAR FX W/INTERNAL FIXATION IF PFRMD		1	0	1
APPROVED			1	0	1
23620	CLTX GREATER HUMERAL TUBEROSITY FX W/O MANJ		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS		1	0	1
APPROVED			1	0	1
23929	UNLISTED PROCEDURE SHOULDER		1	0	1
APPROVED			1	0	1
25000	INCISION EXTENSOR TENDON SHEATH WRIST		1	0	1
APPROVED			1	0	1
25447	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS		1	0	1
APPROVED			1	0	1
25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG		1	0	1
APPROVED			1	0	1
26055	TENDON SHEATH INCISION		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
26160	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR		1	0	1
APPROVED			1	0	1
26180	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH		1	0	1
APPROVED			1	0	1
26210	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER		1	0	1
APPROVED			1	0	1
26358	RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON		1	0	1
APPROVED			1	0	1
26593	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE		1	0	1
APPROVED			1	0	1
26608	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE		1	0	1
APPROVED			1	0	1
26706	PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ		1	0	1
APPROVED			1	0	1
26727	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T		1	0	1
APPROVED			1	0	1
26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA		1	0	1
APPROVED			1	0	1
26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA		1	0	1

APPROVED			1	0	1
27006	TENOTOMY ABDUCTORS and /EXTENSOR HIP OPEN SPX		1	0	1
APPROVED			1	0	1
27093	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA		1	0	1
APPROVED			1	0	1
27096	INJECT SI JOINT ARTHRGPHY and /ANES/STEROID W/IMA		43	8	51
APPROVED			43	0	43
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT		47	2	49
APPROVED			47	0	47
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
27227	OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT		1	0	1
APPROVED			1	0	1
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
27280	ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT		1	0	1
APPROVED			1	0	1
27299	UNLISTED PROCEDURE PELVIS/HIP JOINT		1	0	1
APPROVED			1	0	1
27339	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM OR GT		1	0	1
APPROVED			1	0	1
27355	EXCISION/CURETTAGE CYST/TUMOR FEMUR		2	0	2
APPROVED			2	0	2
27357	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT		1	0	1
APPROVED			1	0	1
27380	SUTURE INFRAPATELLAR TENDON PRIMARY		1	0	1
APPROVED			1	0	1
27438	ARTHROPLASTY PATELLA W/PROSTHESIS		1	0	1
APPROVED			1	0	1
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS		1	0	1
APPROVED			1	0	1
27446	ARTHRP KNEE CONDYLE and PLATEAU MEDIAL/LAT CMPRT		3	0	3
APPROVED			3	0	3
27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS		102	4	106
APPROVED			102	0	102
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT		1	0	1
APPROVED			1	0	1
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE		3	0	3
APPROVED			3	0	3
27495	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE FEMUR		1	0	1
APPROVED			1	0	1
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA		1	0	1
APPROVED			1	0	1
27600	DCMPRN FASCT LEG ANT and /LAT COMPARTMENTS ONLY		1	0	1
APPROVED			1	0	1
27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG and /ANK		1	0	1

APPROVED			1	0	1
27634	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM OR GT		2	0	2
APPROVED			2	0	2
27637	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT		1	0	1
APPROVED			1	0	1
27665	RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH		1	0	1
APPROVED			1	0	1
27675	RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY		1	0	1
APPROVED			1	0	1
27687	GASTROCNEMIUS RECESSION		1	0	1
APPROVED			1	0	1
27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL		1	0	1
APPROVED			1	0	1
27759	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS and /CERCLA		2	0	2
APPROVED			2	0	2
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE		2	0	2
APPROVED			2	0	2
27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ		2	0	2
APPROVED			2	0	2
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA		3	0	3
APPROVED			3	0	3
27880	AMPUTATION LEG THROUGH TIBIA AND FIBULA		2	0	2
APPROVED			2	0	2
28005	INCISION BONE CORTEX FOOT		1	0	1
APPROVED			1	0	1
28035	RELEASE TARSAL TUNNEL		1	0	1
APPROVED			1	0	1
28041	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM OR GT		1	0	1
APPROVED			1	0	1
28045	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC LT 1.5CM		1	0	1
APPROVED			1	0	1
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH		3	0	3
APPROVED			3	0	3
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT		1	0	1
APPROVED			1	0	1
28100	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS		1	0	1
APPROVED			1	0	1
28108	EXC/CURTG CST/B9 TUM PHALANGES FOOT		1	0	1
APPROVED			1	0	1
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX		1	0	1
APPROVED			1	0	1
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4		1	0	1
APPROVED			1	0	1
28118	OSTECTOMY CALCANEUS		1	0	1
APPROVED			1	0	1
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS		5	1	6
APPROVED			5	0	5
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
28120	PARTIAL EXCISION BONE TALUS/CALCANEUS		3	0	3
APPROVED			3	0	3
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS		5	0	5
APPROVED			5	0	5
28124	PARTICAL EXCISION BONE PHALANX TOE		1	0	1
APPROVED			1	0	1
28126	RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH		1	0	1
APPROVED			1	0	1
28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS		1	0	1
APPROVED			1	0	1
28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON		1	0	1
APPROVED			1	0	1
28208	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON		1	0	1
APPROVED			1	0	1
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX		1	0	1
APPROVED			1	0	1
28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR		1	0	1
APPROVED			1	0	1
28270	CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX		2	0	2
APPROVED			2	0	2
28285	CORRECTION HAMMERTOES		11	2	13
APPROVED			11	0	11
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD		2	0	2
APPROVED			2	0	2
28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT		2	0	2
APPROVED			2	0	2
28291	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT		1	0	1
APPROVED			1	0	1
28292	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL		5	0	5
APPROVED			5	0	5
28295	CORRJ HALLUX VALGUS W/SESMDC W/PROX METAR OSTEOT		2	0	2
APPROVED			2	0	2
28296	CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT		11	0	11
APPROVED			11	0	11
28297	CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF		6	2	8
APPROVED			6	0	6
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
28298	CORRJ HALLUX VALGUS W/SESMDC W/PROX PHLNX OSTEOT		1	0	1
APPROVED			1	0	1
28299	CORRJ HALLUX VALGUS W/SESMDC W/2 OSTEOT		3	0	3
APPROVED			3	0	3
28300	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION		5	0	5
APPROVED			5	0	5
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS		4	0	4
APPROVED			4	0	4
28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR		3	0	3
APPROVED			3	0	3
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA		5	0	5

APPROVED		5	0	5
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	1	0	1
APPROVED		1	0	1
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	1	0	1
APPROVED		1	0	1
28315	SESAMOIDECTOMY FIRST TOE SPX	3	0	3
APPROVED		3	0	3
28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
28715	ARTHRODESIS TRIPLE	1	0	1
APPROVED		1	0	1
28725	ARTHRODESIS SUBTALAR	4	0	4
APPROVED		4	0	4
28730	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	4	0	4
APPROVED		4	0	4
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	7	0	7
APPROVED		7	0	7
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	4	0	4
APPROVED		4	0	4
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	1	0	1
APPROVED		1	0	1
28899	UNLISTED PROCEDURE FOOT/TOES	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	2	0	2
APPROVED		2	0	2
29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	1	0	1
APPROVED		1	0	1
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	2	0	2
APPROVED		2	0	2
29580	STRAPPING UNNA BOOT	8	7	15
APPROVED		8	0	8
DENIED		0	7	7
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	8	8	16
APPROVED		8	0	8
DENIED		0	8	8
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
Denied Non Participating Provider		0	1	1
29584	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND AND FING	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
29806	SURGICAL ARTHROSCOPY SHOULDER CAPSULORRHAPHY	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
29807	SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION	4	0	4
APPROVED		4	0	4

29822	SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2	18	0	18
APPROVED		18	0	18
29823	SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3 Plus	28	0	28
APPROVED		28	0	28
29824	SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC	21	1	22
APPROVED		21	0	21
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
29825	SURGICAL ARTHROSCOPY SHOULDER W/LSS and RESCJ ADS	5	0	5
APPROVED		5	0	5
29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	58	1	59
APPROVED		58	0	58
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	64	1	65
APPROVED		64	0	64
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
29828	SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	26	0	26
APPROVED		26	0	26
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	1	0	1
APPROVED		1	0	1
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/NO SYNOVIAL BX SPX	1	0	1
APPROVED		1	0	1
29873	ARTHROSCOPY KNEE LATERAL RELEASE	2	0	2
APPROVED		2	0	2
29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	12	0	12
APPROVED		12	0	12
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	14	0	14
APPROVED		14	0	14
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GT COMPARTMENTS	29	0	29
APPROVED		29	0	29
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	23	0	23
APPROVED		23	0	23
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	17	0	17
APPROVED		17	0	17
29880	ARTHRS KNEE W/MENISCECTOMY MED and LAT W/SHAVING	39	0	39
APPROVED		39	0	39
29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	116	1	117
APPROVED		116	0	116
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	30	0	30
APPROVED		30	0	30
29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL and LATERAL	7	0	7
APPROVED		7	0	7
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/NO MANJ SPX	4	0	4
APPROVED		4	0	4
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	1	0	1
APPROVED		1	0	1
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	1	0	1
APPROVED		1	0	1

29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	30	1	31
APPROVED		30	0	30
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	2	0	2
APPROVED		2	0	2
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	1	0	1
APPROVED		1	0	1
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	1	0	1
APPROVED		1	0	1
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	4	0	4
APPROVED		4	0	4
29899	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	1	0	1
APPROVED		1	0	1
29914	ARTHROSCOPY HIP W/FEMOROPLASTY	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
29915	ARTHROSCOPY HIP W/ACETABULOPLASTY	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
29916	ARTHROSCOPY HIP W/LABRAL REPAIR	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
29999	UNLISTED PROCEDURE ARTHROSCOPY	6	0	6
APPROVED		6	0	6
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	10	1	11
APPROVED		10	0	10
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
30410	RHINP PRIM COMPLETE XTRNL PARTS	1	0	1
APPROVED		1	0	1
30460	RHINP DFRM W/COLUM LNGTH TIP ONLY	1	0	1
APPROVED		1	0	1
30465	REPAIR NASAL VESTIBULAR STENOSIS	9	0	9
APPROVED		9	0	9
30520	SEPTOPLASTY/SUBMUCOUS RESEJ W/WO CARTILAGE GRF	56	1	57
APPROVED		56	0	56
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	1	0	1
APPROVED		1	0	1
31200	ETHMOIDECTOMY INTRANASAL ANTERIOR	2	0	2
APPROVED		2	0	2
31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	2	0	2
APPROVED		2	0	2
31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	8	0	8
APPROVED		8	0	8
31255	NASAL/SINUS NDSC W/TOTAL ETHOIDECTOMY	1	0	1
APPROVED		1	0	1
31259	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	13	0	13
APPROVED		13	0	13
31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	3	0	3
APPROVED		3	0	3
31276	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	1	0	1
APPROVED		1	0	1
31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	1	0	1
APPROVED		1	0	1
31291	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	1	0	1
APPROVED		1	0	1
31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	1	0	1
APPROVED		1	0	1
31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	1	0	1
APPROVED		1	0	1
31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	2	0	2
APPROVED		2	0	2
31360	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	2	0	2
APPROVED		2	0	2
31535	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY	2	0	2
APPROVED		2	0	2
31541	LARGSC EXC TUM and /STRPG CORDS/EPIGL MCRSCP/TLSCP	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	2	0	2
APPROVED		2	0	2
31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	5	0	5
APPROVED		5	0	5
31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	1	0	1
APPROVED		1	0	1
31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	4	0	4
APPROVED		4	0	4
31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE	2	0	2
APPROVED		2	0	2
31625	BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1 Plus SITES	1	0	1
APPROVED		1	0	1
31628	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	1	0	1
APPROVED		1	0	1
31629	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM and /BRON	1	0	1
APPROVED		1	0	1
31630	BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	1	1	2
APPROVED		1	0	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
31632	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE		1	0	1
APPROVED			1	0	1
31633	BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE		1	0	1
APPROVED			1	0	1
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS CERVICA		1	0	1
APPROVED			1	0	1
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA		1	0	1
APPROVED			1	0	1
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL		2	0	2
APPROVED			2	0	2
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL		2	0	2
APPROVED			2	0	2
32405	BIOPSY LUNG/MEDIASTINUM PERCUTANEOUS NEEDLE		2	0	2
APPROVED			2	0	2
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT		4	0	4
APPROVED			4	0	4
32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER		1	0	1
APPROVED			1	0	1
32552	RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF		1	0	1
APPROVED			1	0	1
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL		2	0	2
APPROVED			2	0	2
32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL		2	0	2
APPROVED			2	0	2
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE		5	0	5
APPROVED			5	0	5
32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE		1	0	1
APPROVED			1	0	1
32674	THORCOSCPTY W/MEDIASTINL and REGIONL LYMPHDENECTOMY		2	0	2
APPROVED			2	0	2
32850	DONOR PNEUMONECTOMY FROM CADAVER DONOR		1	0	1
APPROVED			1	0	1
32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS		1	0	1
APPROVED			1	0	1
32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI		1	0	1
APPROVED			1	0	1
32999	UNLISTED PROCEDURE LUNGS AND PLEURA		1	0	1
APPROVED			1	0	1
33016	PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR		1	0	1
APPROVED			1	0	1
33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL and VENT		5	0	5
APPROVED			5	0	5
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	1	0	1
APPROVED		1	0	1
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	8	0	8
APPROVED		8	0	8
33229	REMVLT PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	2	0	2
APPROVED		2	0	2
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	18	0	18
APPROVED		18	0	18
33262	RMVLT IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	2	0	2
APPROVED		2	0	2
33263	RMVLT IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	1	0	1
APPROVED		1	0	1
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	1	0	1
APPROVED		1	0	1
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	2	0	2
APPROVED		2	0	2
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	2	0	2
APPROVED		2	0	2
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	4	0	4
APPROVED		4	0	4
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	1	0	1
APPROVED		1	0	1
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	1	0	1
APPROVED		1	0	1
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	1	0	1
APPROVED		1	0	1
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	1	0	1
APPROVED		1	0	1
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	6	2	8
APPROVED		6	0	6
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	1	0	1
APPROVED		1	0	1
33517	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 1 VEIN	3	0	3
APPROVED		3	0	3
33518	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 2 VEIN	5	0	5
APPROVED		5	0	5
33519	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 3 VEIN	4	0	4
APPROVED		4	0	4
33521	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 4 VEIN	3	0	3
APPROVED		3	0	3
33522	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 5 VEIN	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
33530	ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ	1	0	1
APPROVED		1	0	1
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	15	2	17
APPROVED		15	0	15
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2

33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	1	0	1
APPROVED		1	0	1
33860	ASCENDING AORTA GRF W CARD BYP AND VALVE SSP	1	0	1
APPROVED		1	0	1
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	1	0	1
APPROVED		1	0	1
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	3	0	3
APPROVED		3	0	3
33999	UNLISTED CARDIAC SURGERY	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
34800	EVASC RPR AAA W AORTO-AORTIC TUBE PROSTH	1	0	1
APPROVED		1	0	1
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	3	0	3
APPROVED		3	0	3
35558	BYPASS W/VEIN FEMORAL-FEMORAL	1	0	1
APPROVED		1	0	1
35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	1	0	1
APPROVED		1	0	1
35761	EXPL N FLWD SURG RPR W WO LYSIS OTHER ARTERY	2	0	2
APPROVED		2	0	2
36005	NJX PX XTR VNCRPH W/INTRO NDL/INTRACATH	6	0	6
APPROVED		6	0	6
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	6	0	6
APPROVED		6	0	6
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
36200	INTRODUCTION CATHETER AORTA	1	0	1
APPROVED		1	0	1
36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	3	0	3
APPROVED		3	0	3
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	2	0	2
APPROVED		2	0	2
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	1	0	1
APPROVED		1	0	1
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	1	0	1
APPROVED		1	0	1
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	1	0	1
APPROVED		1	0	1
36247	SLCTV CATHJ 3RD Plus ORD SLCTV ABDL PEL/LXTR BRNCH	7	0	7
APPROVED		7	0	7
36248	SLCTV CATHJ EA 2ND Plus ORD ABDL PEL/LXTR ART BRNCH	1	0	1
APPROVED		1	0	1
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S and I UN	1	0	1
APPROVED		1	0	1
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	8	1	9
APPROVED		8	0	8
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
36430	TRANSFUSION BLOOD/BLOOD COMPONENTS	6	1	7

APPROVED		6	0	6
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	20	1	21
APPROVED		20	0	20
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	11	2	13
APPROVED		11	0	11
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	2	0	2
APPROVED		2	0	2
36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	33	0	33
APPROVED		33	0	33
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	66	2	68
APPROVED		66	0	66
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	9	1	10
APPROVED		9	0	9
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	16	1	17
APPROVED		16	0	16
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	2	0	2
APPROVED		2	0	2
36481	PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	10	1	11
APPROVED		10	0	10
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	1	0	1
APPROVED		1	0	1
36522	PHOTOPHERESIS EXTRACORPOREAL	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
36555	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE LT 5 Y	2	0	2
APPROVED		2	0	2
36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR OR GT	3	0	3
APPROVED		3	0	3
36558	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR OR GT	3	0	3
APPROVED		3	0	3
36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR OR GT	7	1	8
APPROVED		7	0	7

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36569	INSERTION PICC W/O IMG GDN 5 YR OR GT		2	0	2
APPROVED			2	0	2
36573	INSERTION PICC W/RS and I 5 YR OR GT		2	0	2
APPROVED			2	0	2
36581	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP		4	0	4
APPROVED			4	0	4
36585	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36589	RMVL TUN CVC W/O SUBQ PORT/PMP		3	0	3
APPROVED			3	0	3
36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36592	COLLECT BLOOD FROM CATHETER VENOUS NOS		1	0	1
APPROVED			1	0	1
36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS		1	0	1
APPROVED			1	0	1
36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS		1	0	1
APPROVED			1	0	1
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT		2	0	2
APPROVED			2	0	2
36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF		1	0	1
APPROVED			1	0	1
36901	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S AND I		25	1	26
APPROVED			25	0	25
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36902	INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP		24	1	25
APPROVED			24	0	24
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36903	INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT		23	1	24
APPROVED			23	0	23
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36904	PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH		23	1	24
APPROVED			23	0	23
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36905	PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP		23	1	24
APPROVED			23	0	23
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36906	PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT		23	1	24
APPROVED			23	0	23
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

36907	TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S and I	23	1	24
APPROVED		23	0	23
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
36908	STENT PLMT CENTRAL DIAYSIS SEG PFRMD DIAL CIR	22	1	23
APPROVED		22	0	22
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
36909	DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S AND I	21	1	22
APPROVED		21	0	21
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
37182	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	2	0	2
APPROVED		2	0	2
37183	REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEMIC SHUNT	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	3	0	3
APPROVED		3	0	3
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	2	0	2
APPROVED		2	0	2
37191	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS and I	3	0	3
APPROVED		3	0	3
37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	1	0	1
APPROVED		1	0	1
37200	Transcatheter biopsy	1	0	1
APPROVED		1	0	1
37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	1	0	1
APPROVED		1	0	1
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	2	0	2
APPROVED		2	0	2
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT and ANGIOPLSTY	2	0	2
APPROVED		2	0	2
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	3	0	3
APPROVED		3	0	3
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	6	0	6
APPROVED		6	0	6
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	4	0	4
APPROVED		4	0	4
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	4	0	4
APPROVED		4	0	4
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	3	0	3
APPROVED		3	0	3
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	6	0	6
APPROVED		6	0	6
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	1	0	1
APPROVED		1	0	1
37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	3	0	3

APPROVED			3	0	3
37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL		3	0	3
APPROVED			3	0	3
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST		5	0	5
APPROVED			5	0	5
37239	OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL		4	0	4
APPROVED			4	0	4
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS AND I		2	0	2
APPROVED			2	0	2
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT		13	0	13
APPROVED			13	0	13
37246	TRLML BALO ANGIOP OPEN/PERQ IMG S and I 1ST ART		4	0	4
APPROVED			4	0	4
37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S and I 1ST VEIN		6	0	6
APPROVED			6	0	6
37249	TRLML BALO ANGIOP OPEN/PERQ W/IMG S and I ADDL VEIN		5	0	5
APPROVED			5	0	5
37252	INTRAVASCULAR US NONCORONARY RS AND I INTIAL VESSEL		6	0	6
APPROVED			6	0	6
37253	INTRAVASCULAR US NONCORONARY RS AND I ADDL VESSEL		6	0	6
APPROVED			6	0	6
37617	LIGATION MAJOR ARTERY ABDOMEN		1	0	1
APPROVED			1	0	1
37700	LIG and DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ		1	0	1
APPROVED			1	0	1
37722	LIGJ DIVJ and STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW		1	0	1
APPROVED			1	0	1
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS		15	0	15
APPROVED			15	0	15
37766	STAB PHLEBT VARICOSE VEINS 1 XTR GT 20 INCS		9	0	9
APPROVED			9	0	9
37799	UNLISTED PROCEDURE VASCULAR SURGERY		4	0	4
APPROVED			4	0	4
38102	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX		1	0	1
APPROVED			1	0	1
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ		10	1	11
APPROVED			10	0	10
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC		3	0	3
APPROVED			3	0	3
38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL		3	0	3
APPROVED			3	0	3
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR		1	0	1
APPROVED			1	0	1
38220	DIAGNOSTIC BONE MARROW ASPIRATIONS		9	0	9
APPROVED			9	0	9
38221	DIAGNOSTIC BONE MARROW BIOPSIES		27	0	27
APPROVED			27	0	27
38222	DIAGNOSTIC BONE MARROW BIOPSIES AND ASPIRATIONS		15	2	17
APPROVED			15	0	15
DENIED			0	2	2

Denied Non Participating Provider			0	2	2
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR		8	0	8
APPROVED			8	0	8
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR		10	0	10
APPROVED			10	0	10
38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL		7	0	7
APPROVED			7	0	7
38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL		2	0	2
APPROVED			2	0	2
38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE		2	0	2
APPROVED			2	0	2
38525	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
38562	LMTD LMPHADEC STAGING SPX PEL AND PARA-AORTIC		3	0	3
APPROVED			3	0	3
38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
38572	LAPS BI TOT PEL LMPHADEC AND PRI-AORTIC LYMPH BX 1		8	0	8
APPROVED			8	0	8
38573	LAPS W/BI TOT PEL LMPHADEC and OMNTC LYMPH BX		5	0	5
APPROVED			5	0	5
38700	SUPRAHYOID LYMPHADENECTOMY		1	0	1
APPROVED			1	0	1
38724	CERVICAL LMPHADEC MODIFIED RADICAL NECK DSJ		9	0	9
APPROVED			9	0	9
38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRCT		2	0	2
APPROVED			2	0	2
38770	PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR and OBTURATOR		3	0	3
APPROVED			3	0	3
38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC and RNL		3	0	3
APPROVED			3	0	3
38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
39561	RESCJ DIAPHRAGM W/COMPLEX REPAIR		1	0	1
APPROVED			1	0	1
40490	Biopsy of lip		1	0	1
APPROVED			1	0	1
4050F	HYPERTENSION PLAN OF CARE DOCUMENTED		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
40816	EXC LESION MUCOSA AND SBMCSL VESTIBULE CPLX EXC MUSC		1	0	1
APPROVED			1	0	1

40819	EXC FRENUM LABIAL/BUCCAL	1	0	1
APPROVED		1	0	1
40842	VESTIBULOPLASTY POSTERIOR UNILATERAL	1	0	1
APPROVED		1	0	1
40899	UNLISTED PROCEDURE VESTIBULE MOUTH	1	0	1
APPROVED		1	0	1
41116	EXCISION LESION FLOOR MOUTH	1	0	1
APPROVED		1	0	1
41120	GLOSSECTOMY LT ONE-HALF TONGUE	1	0	1
APPROVED		1	0	1
41130	GLOSSECTOMY HEMIGLOSSECTOMY	1	0	1
APPROVED		1	0	1
41135	GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ	1	0	1
APPROVED		1	0	1
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	1	0	1
APPROVED		1	0	1
41826	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	1	0	1
APPROVED		1	0	1
41874	ALVEOLOPLASTY EACH QUADRANT SPECIFY	3	0	3
APPROVED		3	0	3
41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	13	1	14
APPROVED		13	0	13
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
42145	PALATOPHARYNGOPLASTY	1	0	1
APPROVED		1	0	1
42415	EXC PRTD TUM/PRTD GLND LAT DSJ and PRSRV FACIAL NR	2	0	2
APPROVED		2	0	2
42821	TONSILLECTOMY and ADENOIDECTOMY AGE 12 OR GT	1	0	1
APPROVED		1	0	1
42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12 OR GT	2	0	2
APPROVED		2	0	2
42890	LIMITED PHARYNGECTOMY	1	0	1
APPROVED		1	0	1
43108	TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ	1	0	1
APPROVED		1	0	1
43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	1	0	1
APPROVED		1	0	1
43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	2	0	2
APPROVED		2	0	2
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	21	1	22
APPROVED		21	0	21
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
43237	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	55	0	55
APPROVED		55	0	55
43238	EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	2	0	2
APPROVED		2	0	2
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	77	3	80
APPROVED		77	0	77
DENIED		0	3	3
Denied Non Participating Provider		0	3	3

43242	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
43244	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	1	0	1
APPROVED		1	0	1
43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	1	0	1
APPROVED		1	0	1
43247	EGD FLEXIBLE FOREIGN BODY REMOVAL	1	0	1
APPROVED		1	0	1
43249	EGD BALLOON DILATION ESOPHAGUS LT 30 MM DIAM	1	0	1
APPROVED		1	0	1
43250	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	6	0	6
APPROVED		6	0	6
43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	1	0	1
APPROVED		1	0	1
43259	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	1	0	1
APPROVED		1	0	1
43260	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	1	0	1
APPROVED		1	0	1
43261	ERCP W/BIOPSY SINGLE/MULTIPLE	3	0	3
APPROVED		3	0	3
43262	ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	1	0	1
APPROVED		1	0	1
43274	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	1	0	1
APPROVED		1	0	1
43276	ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL and WIRE	1	0	1
APPROVED		1	0	1
43279	LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED	2	0	2
APPROVED		2	0	2
43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	2	0	2
APPROVED		2	0	2
43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	1	0	1
APPROVED		1	0	1
43499	UNLISTED PROCEDURE ESOPHAGUS	1	0	1
APPROVED		1	0	1
43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	1	0	1
APPROVED		1	0	1
43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	1	0	1
APPROVED		1	0	1
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB LT 150 CM	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
43645	LAPS GSTR RSTCV PX W/BYP and SM INT RCNSTJ	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	1	0	1
APPROVED		1	0	1

43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS and FLUOR GDNCE	2	0	2
APPROVED		2	0	2
43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	2	0	2
APPROVED		2	0	2
43763	PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	1	0	1
APPROVED		1	0	1
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	1	0	1
APPROVED		1	0	1
43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	0	2	2
DENIED		0	2	2
Denied Not a Covered Benefit		0	2	2
43830	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	1	0	1
APPROVED		1	0	1
43842	GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
43846	GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM OR LT	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
43860	REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	1	0	1
APPROVED		1	0	1
44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ AND ANAST	9	0	9
APPROVED		9	0	9
44121	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ AND ANA	2	0	2
APPROVED		2	0	2
44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	2	0	2
APPROVED		2	0	2
44140	COLECTOMY PARTIAL W/ANASTOMOSIS	5	0	5
APPROVED		5	0	5
44143	COLECTOMY PRTL W/END COLOSTOMY and CLSR DSTL SGMT	1	0	1
APPROVED		1	0	1
44144	COLECTOMY PRTL W/COLOST/ILEOST and MUCOFISTULA	2	0	2
APPROVED		2	0	2
44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	4	0	4
APPROVED		4	0	4
44150	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	1	0	1
APPROVED		1	0	1
44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM and ILEOCOLOS	2	0	2
APPROVED		2	0	2
44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	3	0	3
APPROVED		3	0	3
44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ AND ANA	1	0	1
APPROVED		1	0	1
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	24	2	26
APPROVED		24	0	24
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	7	0	7

APPROVED			7	0	7
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST		12	0	12
APPROVED			12	0	12
44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST		2	0	2
APPROVED			2	0	2
44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY		1	0	1
APPROVED			1	0	1
44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ and ANASTOMOSIS		3	0	3
APPROVED			3	0	3
44300	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN		1	0	1
APPROVED			1	0	1
44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE		2	0	2
APPROVED			2	0	2
44320	COLOSTOMY/SKIN LEVEL CECOSTOMY		4	0	4
APPROVED			4	0	4
44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX		1	0	1
APPROVED			1	0	1
44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE		5	0	5
APPROVED			5	0	5
44625	CLSR NTRSTM LG/SM RESCJ and ANAST OTH/THN CLRCT		1	0	1
APPROVED			1	0	1
44626	CLSR NTRSTM LG/SM RESCJ and COLORECTAL ANASTOMOSIS		1	0	1
APPROVED			1	0	1
44661	CLSR ENTEROVES FSTL W/INTESTINE and /BLADDER RESCJ		1	0	1
APPROVED			1	0	1
44955	APPENDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX		1	0	1
APPROVED			1	0	1
44970	LAPAROSCOPIC APPENDECTOMY		3	0	3
APPROVED			3	0	3
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS		1	0	1
APPROVED			1	0	1
45100	BX ANORECTAL WALL ANAL APPROACH		1	0	1
APPROVED			1	0	1
45110	PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST		1	0	1
APPROVED			1	0	1
45172	EXC RCT TUM INCL MUSCULARIS PROPRIA		1	0	1
APPROVED			1	0	1
45300	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD		3	0	3
APPROVED			3	0	3
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD		71	15	86
APPROVED			71	0	71
DENIED			0	15	15
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
Denied Non Participating Provider			0	8	8
45379	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)		1	0	1
APPROVED			1	0	1
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE		49	5	54
APPROVED			49	0	49

DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	3	3
45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST		5	0	5
APPROVED			5	0	5
45382	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD		4	0	4
APPROVED			4	0	4
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS		5	0	5
APPROVED			5	0	5
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ		17	0	17
APPROVED			17	0	17
45386	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT		1	0	1
APPROVED			1	0	1
45388	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES		2	0	2
APPROVED			2	0	2
45389	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT		1	0	1
APPROVED			1	0	1
45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION		2	0	2
APPROVED			2	0	2
45392	COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL		1	0	1
APPROVED			1	0	1
45393	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION		1	0	1
APPROVED			1	0	1
45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY		1	0	1
APPROVED			1	0	1
45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR		1	0	1
APPROVED			1	0	1
45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)		1	0	1
APPROVED			1	0	1
45399	UNLISTED PROCEDURE COLON		1	0	1
APPROVED			1	0	1
46030	REMOVAL ANAL SETON OTHER MARKER		1	0	1
APPROVED			1	0	1
46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS		1	0	1
APPROVED			1	0	1
46255	HEMORRHOIDECTOMY NTRNL and XTRNL 1 COLUMN/GROUP		1	0	1
APPROVED			1	0	1
46260	HEMORRHOIDECTOMY INT and XTRNL 2 OR GT COLUMN/GRO		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
46270	SURG TX ANAL FISTULA SUBQ		2	0	2
APPROVED			2	0	2
46288	CLSR ANAL FSTL W/RCT ADVMNT FLAP		1	0	1
APPROVED			1	0	1
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION		1	0	1
APPROVED			1	0	1
46946	INT HRHC BY LIGATION 2 Plus HROID W/O IMG GDN		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
46948	INT HRHC TRANSANAL HROID DARTLZJ 2 Plus W/US GDN		1	1	2
APPROVED			1	0	1

DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
47000	BIOPSY LIVER NEEDLE PERCUTANEOUS		2	0	2
APPROVED			2	0	2
47001	BX LVR NDL DONE PURPOSE TM OTH MAJOR PX		1	0	1
APPROVED			1	0	1
47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY		4	0	4
APPROVED			4	0	4
47122	HEPATECTOMY RESCJ TRISEGMENTECTOMY		1	0	1
APPROVED			1	0	1
47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY		2	0	2
APPROVED			2	0	2
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE		12	4	16
APPROVED			12	0	12
DENIED			0	4	4
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
47370	LAPS SURG ABLTJ 1 OR GT LVR TUM RF		1	0	1
APPROVED			1	0	1
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER		1	0	1
APPROVED			1	0	1
47380	ABLTJ OPN 1 OR GT LVR TUM RF		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
47382	ABLTJ 1 OR GT LVR TUM PRQ RF		2	0	2
APPROVED			2	0	2
47400	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1		1	0	1
APPROVED			1	0	1
47420	CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP		1	0	1
APPROVED			1	0	1
47425	CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP		1	0	1
APPROVED			1	0	1
47480	CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX		1	0	1
APPROVED			1	0	1
47533	PRQ PLMT BILIARY DRG CATH W/IMG GID RS and I EXTERNL		1	0	1
APPROVED			1	0	1
47534	PRQ PLMT BILIARY DRG CATH W/IMG GID RS and I INT-EXT		1	0	1
APPROVED			1	0	1
47562	LAPAROSCOPY SURG CHOLECYSTECTOMY		11	0	11
APPROVED			11	0	11
47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
47600	CHOLECYSTECTOMY		1	0	1
APPROVED			1	0	1
47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS AND GI		1	0	1
APPROVED			1	0	1
47785	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS AND GI		1	0	1

APPROVED			1	0	1
48000	PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS		1	0	1
APPROVED			1	0	1
48105	RESECT/DBRDMT PANCREAS NECROTIZING PANCREATITIS		1	0	1
APPROVED			1	0	1
48140	PNCRTECT DSTL STOT W/O PNCRCTOJEJUNOSTOMY		2	0	2
APPROVED			2	0	2
48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY		4	0	4
APPROVED			4	0	4
48510	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN		1	0	1
APPROVED			1	0	1
48520	INT ANAST PANCREATIC CYST GI TRACT DIRECT		1	0	1
APPROVED			1	0	1
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX		14	0	14
APPROVED			14	0	14
49020	DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN		1	0	1
APPROVED			1	0	1
49040	DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN		1	0	1
APPROVED			1	0	1
49082	ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE		6	0	6
APPROVED			6	0	6
49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE		5	0	5
APPROVED			5	0	5
49180	BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE		3	0	3
APPROVED			3	0	3
49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM OR LT		3	0	3
APPROVED			3	0	3
49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS GT 10.0 CM		3	0	3
APPROVED			3	0	3
49215	EXC PRESAC/SACROCOCCYGEAL TUMOR		1	0	1
APPROVED			1	0	1
49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX		2	0	2
APPROVED			2	0	2
49320	LAPS ABD PRMT and OMENTUM DX W/WO SPEC BR/WA SPX		7	0	7
APPROVED			7	0	7
49321	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE		2	0	2
APPROVED			2	0	2
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM		6	0	6
APPROVED			6	0	6
49406	IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ		1	0	1
APPROVED			1	0	1
49419	INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT		1	0	1
APPROVED			1	0	1
49424	CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX		1	0	1
APPROVED			1	0	1
49440	INSERT GASTROSTOMY TUBE PERCUTANEOUS		1	0	1
APPROVED			1	0	1
49441	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ		1	0	1
APPROVED			1	0	1
49450	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS		1	0	1
APPROVED			1	0	1
49465	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE		1	0	1

APPROVED			1	0	1
49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE		1	0	1
APPROVED			1	0	1
49505	RPR 1ST INGUN HRNA AGE 5 YRS OR GT REDUCIBLE		2	0	2
APPROVED			2	0	2
49560	REPAIR FIRST ABDOMINAL WALL HERNIA		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
49561	RPR 1ST INCAL/VNT HERNIA INCARCERATED		4	0	4
APPROVED			4	0	4
49565	RPR RECT INCAL/VNT HERNIA REDUCIBLE		1	0	1
APPROVED			1	0	1
49566	RPR RECT INCAL/VNT HERNIA INCARCERATED		1	0	1
APPROVED			1	0	1
49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE		5	0	5
APPROVED			5	0	5
49570	RPR EPIGASTRIC HERNIA REDUCIBLE SPX		1	0	1
APPROVED			1	0	1
49585	RPR UMBILICAL HRNA 5 YRS OR GT REDUCIBLE		3	0	3
APPROVED			3	0	3
49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA		4	0	4
APPROVED			4	0	4
49652	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE		1	0	1
APPROVED			1	0	1
49653	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED		1	0	1
APPROVED			1	0	1
49654	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
49904	OMENTAL FLAP EXTRA-ABDOMINAL		1	0	1
APPROVED			1	0	1
49905	OMENTAL FLAP INTRA-ABDOMINAL		2	0	2
APPROVED			2	0	2
50010	RNL EXPL X NECESSITATING OTH SPEC PX		1	0	1
APPROVED			1	0	1
50081	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY GT 2 CM		3	0	3
APPROVED			3	0	3
50200	RENAL BIOPSY PRQ TROCAR/NEEDLE		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ		3	0	3
APPROVED			3	0	3
50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD		5	0	5
APPROVED			5	0	5
50240	NEPHRECTOMY PARTIAL		3	0	3
APPROVED			3	0	3
50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY		16	5	21
APPROVED			16	0	16
DENIED			0	5	5

Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY		3	0	3
APPROVED			3	0	3
50545	LAPAROSCOPY RADICAL NEPHRECTOMY		3	0	3
APPROVED			3	0	3
50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
50590	LITHOTRIPSY XTRCORP SHOCK WAVE		47	6	53
APPROVED			47	0	47
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER		1	0	1
APPROVED			1	0	1
50948	LAPS URTRONEOCSTOST W/O CSTSC and URTRL STENT PLMT		2	0	2
APPROVED			2	0	2
51040	CYSTOSTOMY CYSTOTOMY W/DRAINAGE		1	0	1
APPROVED			1	0	1
51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
51530	CYSTOTOMY EXCISION BLADDER TUMOR		1	0	1
APPROVED			1	0	1
51565	CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST		1	0	1
APPROVED			1	0	1
51596	CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR		1	0	1
APPROVED			1	0	1
51600	NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY		1	0	1
APPROVED			1	0	1
51700	BLDR IRRIGATION SMPL LAVAGE and /INSTLJ		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
51726	BLADDER PRESSURE MEASUREMENT DURING FILLING		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
51727	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
51728	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
51729	COMPLX CYSTOMETRO W/VOID PRESS and URETHRAL PROFIL		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
51741	COMPLEX UROFLOMETRY		4	0	4
APPROVED			4	0	4
51784	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL		1	0	1
APPROVED			1	0	1

51798	MEAS POST-VOIDING RESIDUAL URINE and /BLADDER CAP	4	0	4
APPROVED		4	0	4
51840	ANT VESICURETHROPEXY/URETHROPEXY SMPL	2	0	2
APPROVED		2	0	2
51865	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	1	0	1
APPROVED		1	0	1
51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	2	0	2
APPROVED		2	0	2
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	2	0	2
APPROVED		2	0	2
52000	CYSTOURETHROSCOPY	17	4	21
APPROVED		17	0	17
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	2	2
52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	2	0	2
APPROVED		2	0	2
52204	CYSTOURETHROSCOPY WITH BIOPSY	1	0	1
APPROVED		1	0	1
52235	CYSTOURETHROSCOPY W/DEST and /RMVL MED BLADDER TUM	1	0	1
APPROVED		1	0	1
52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	1	0	1
APPROVED		1	0	1
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
52310	CYSTO W/SIMPLE REMOVAL STONE and STENT	4	0	4
APPROVED		4	0	4
52315	CYSTO W/COMPLEX REMOVAL STONE and STENT	2	0	2
APPROVED		2	0	2
52332	CYSTO W/INSERT URETERAL STENT	2	0	2
APPROVED		2	0	2
52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	3	0	3
APPROVED		3	0	3
52356	CYSTO/URETERO W/LITHOTRIPSY and INDWELL STENT INSRT	3	0	3
APPROVED		3	0	3
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	6	0	6
APPROVED		6	0	6
52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	6	0	6
APPROVED		6	0	6
52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	1	0	1
APPROVED		1	0	1
52649	LASER ENUCLEATION PROSTATE W/MORCELLATION	5	0	5
APPROVED		5	0	5
53400	URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX	1	0	1
APPROVED		1	0	1
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	1	0	1

APPROVED			1	0	1
53440	SLING OPERATION CORRJ MALE URINARY INCONTINENCE		1	0	1
APPROVED			1	0	1
54161	CIRCUMCISION AGE GT 28 DAYS		1	0	1
APPROVED			1	0	1
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH		1	0	1
APPROVED			1	0	1
54640	ORCHIOPEXY INGUINAL OR SCROTAL APPROACH		1	0	1
APPROVED			1	0	1
54692	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS		1	0	1
APPROVED			1	0	1
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH		1	0	1
APPROVED			1	0	1
55801	PROSTATECTOMY PERINEAL SUBTOTAL		1	0	1
APPROVED			1	0	1
55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES		1	0	1
APPROVED			1	0	1
55831	PROSTATECTOMY RETROPUBIC SUBTOTAL		1	0	1
APPROVED			1	0	1
55840	PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING		2	0	2
APPROVED			2	0	2
55845	PROSTECT RETROPUB RAD W/WO NRV SPAR and BI PLV LYM		3	0	3
APPROVED			3	0	3
55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
56605	BIOPSY VULVA/PERINEUM 1 LESION SPX		1	0	1
APPROVED			1	0	1
56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION		1	0	1
APPROVED			1	0	1
56740	EXC BARTHOLINS GLAND/CYST		1	0	1
APPROVED			1	0	1
57135	EXCISION VAGINAL CYST/TUMOR		1	0	1
APPROVED			1	0	1
57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	1	1

57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	3	0	3
APPROVED		3	0	3
57260	CMBND ANTERPOST COLPORRAPHY W/CYSTO	1	0	1
APPROVED		1	0	1
57267	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
57268	REPAIR ENTEROCELE VAGINAL APPROACH SPX	1	0	1
APPROVED		1	0	1
57280	COLPOPEXY ABDOMINAL APPROACH	2	0	2
APPROVED		2	0	2
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	1	0	1
APPROVED		1	0	1
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Additional Information Not Received		0	1	1
57288	SLING OPERATION STRESS INCONTINENCE	34	5	39
APPROVED		34	0	34
DENIED		0	5	5
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
57320	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	1	0	1
APPROVED		1	0	1
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	1	0	1
APPROVED		1	0	1
57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	1	0	1
APPROVED		1	0	1
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	2	0	2
APPROVED		2	0	2
57454	COLPOSCOPY CERVIX BX CERVIX AND ENDOCRV CURRETAGE	1	0	1
APPROVED		1	0	1
57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	1	0	1
APPROVED		1	0	1
57520	CONIZATION CERVIX W/WO D and C RPR KNIFE/LASER	2	0	2
APPROVED		2	0	2
58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	2	0	2
APPROVED		2	0	2
58120	DILATION and CURETTAGE DX and /THER NONOBSTETRIC	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
58140	MYOMECTOMY 1-4 MYOMAS W/250 GM OR LT ABDOMINAL APPR	12	1	13
APPROVED		12	0	12
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
58145	MYOMECTOMY 1-4 MYOMAS 250 GM OR LT VAGINAL APPR	1	0	1
APPROVED		1	0	1
58146	MYOMECTOMY 5 OR GT MYOMAS and OR GT 250 GM ABDOMINA	4	0	4

APPROVED			4	0	4
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		81	0	81
APPROVED			81	0	81
58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY		1	0	1
APPROVED			1	0	1
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LT		12	0	12
APPROVED			12	0	12
58262	VAG HYST 250 GM OR LT W/RMVL TUBE and /OVARY		13	0	13
APPROVED			13	0	13
58291	VAG HYST GT 250 GM RMVL TUBE and /OVARY		1	0	1
APPROVED			1	0	1
58350	CHROMOTUBATION OVIDUCT W/MATERIALS		6	0	6
APPROVED			6	0	6
58353	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID		2	0	2
APPROVED			2	0	2
58356	ENDOMETRIAL CRYOABLATION W/US and ENDOMETRIAL CR		2	0	2
APPROVED			2	0	2
58542	LAPS SUPRACRV HYSTERECT 250 GM OR LT RMVL TUBE/OVAR		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LT		2	0	2
APPROVED			2	0	2
58546	LAPS MYOMECTOMY EXC 5 OR GT MYOMAS GT 250 GRAMS		1	0	1
APPROVED			1	0	1
58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY		2	0	2
APPROVED			2	0	2
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LT		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
58552	LAPS W/VAG HYSTERECT 250 GM/ and RMVL TUBE and /OVARIES		10	3	13
APPROVED			10	0	10
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
58558	HYSTEROSCOPY BX ENDOMETRIUM and /POLYPC W/WO D and C		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA		1	0	1
APPROVED			1	0	1
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION		2	0	2
APPROVED			2	0	2

58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LT	15	1	16
APPROVED		15	0	15
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
58571	LAPS TOTAL HYSTERECT 250 GM OR LT W/RMVL TUBE/OVARY	111	4	115
APPROVED		111	0	111
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	1	1
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS GT 250 GM	3	0	3
APPROVED		3	0	3
58573	LAPAROSCOPY TOT HYSTERECTOMY GT 250 G W/TUBE/OVAR	31	1	32
APPROVED		31	0	31
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
58600	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	2	0	2
APPROVED		2	0	2
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	9	0	9
APPROVED		9	0	9
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	52	2	54
APPROVED		52	0	52
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	34	0	34
APPROVED		34	0	34
58670	LAPAROSCOPY FULGURATION OVIDUCTS	3	0	3
APPROVED		3	0	3
58673	LAPAROSCOPY SALPINGOSTOMY	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
58674	LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN	1	0	1
APPROVED		1	0	1
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	8	2	10
APPROVED		8	0	8
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	14	0	14
APPROVED		14	0	14
58900	BIOPSY OVARY UNI/BI SEPARATE PROCEDURE	1	0	1
APPROVED		1	0	1
58925	OVARIAN CYSTECTOMY UNI/BI	4	0	4
APPROVED		4	0	4
58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	5	0	5
APPROVED		5	0	5
58951	RESCJ PRIM PRTL MAL W/BSO and OMNTC TAH and LMPHAD	3	0	3
APPROVED		3	0	3
58953	BSO W/OMENECTOMY TAH and RAD DEBULKING DISSECTION	3	0	3
APPROVED		3	0	3
58954	BSO W/OMENECTOMY TAH DEBULKING W/LMPHADECTOMY	3	0	3
APPROVED		3	0	3
58956	BSO W/TOT OMENECTOMY and HYSTERECTOMY MALIGNANC	2	0	2

APPROVED			2	0	2
58958	RESECTION RECRT MAL W/OMENECTOMY PEL LMPHADEC		1	0	1
APPROVED			1	0	1
58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK		1	0	1
APPROVED			1	0	1
59000	AMNIOCENTESIS DIAGNOSIC		1	0	1
APPROVED			1	0	1
59025	FETAL NONSTRESS TEST		3	0	3
APPROVED			3	0	3
59070	TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE		1	0	1
APPROVED			1	0	1
59072	FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE		1	0	1
APPROVED			1	0	1
59400	OB CARE ANTEPARTUM VAG DLVR AND POSTPARTUM		3	0	3
APPROVED			3	0	3
59409	VAGINAL DELIVERY ONLY		1	0	1
APPROVED			1	0	1
59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE		1	0	1
APPROVED			1	0	1
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE		1	0	1
APPROVED			1	0	1
59510	OB ANTEPARTUM CARE CESAREAN DLVR AND POSTPARTUM		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE		2	0	2
APPROVED			2	0	2
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL		1	0	1
APPROVED			1	0	1
59897	UNLISTED FETAL INVASIVE PX W/ULTRASOUND		2	0	2
APPROVED			2	0	2
60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE		6	0	6
APPROVED			6	0	6
60200	EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS		1	0	1
APPROVED			1	0	1
60240	THYROIDECTOMY TOTAL/COMPLETE		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
60270	THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC		1	0	1
APPROVED			1	0	1
60280	EXCISION THYROGLOSSAL DUCT CYST/SINUS		1	0	1
APPROVED			1	0	1
60500	PARATHYROIDECTOMY/EXPLORATION PARATHYROID		3	0	3
APPROVED			3	0	3
60512	PARATHYROID AUTOTRANSPLANTATION ADD-ON		1	0	1
APPROVED			1	0	1
60540	ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/DRSAL SPX		2	0	2
APPROVED			2	0	2
60600	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY		1	0	1
APPROVED			1	0	1
60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL		3	0	3

APPROVED			3	0	3
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE		1	0	1
APPROVED			1	0	1
61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA		1	0	1
APPROVED			1	0	1
61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR		2	0	2
APPROVED			2	0	2
61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR		2	0	2
APPROVED			2	0	2
61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA		1	0	1
APPROVED			1	0	1
61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL		2	0	2
APPROVED			2	0	2
61598	TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM		1	0	1
APPROVED			1	0	1
61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL		1	0	1
APPROVED			1	0	1
61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES		1	0	1
APPROVED			1	0	1
61760	STRCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING		1	0	1
APPROVED			1	0	1
61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL		3	0	3
APPROVED			3	0	3
61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL		9	0	9
APPROVED			9	0	9
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES		1	0	1
APPROVED			1	0	1
61800	APPL STRCTC HEADFRAME STEREOTACTIC RADIOSURGERY		1	0	1
APPROVED			1	0	1
61860	CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2 OR GT ELTRDS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
62100	CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA		1	0	1
APPROVED			1	0	1
62140	CRANIOPLASTY SKULL DEFECT LT 5 CM DIAMETER		2	0	2
APPROVED			2	0	2
62141	CRANIOPLASTY SKULL DEFECT GT 5 CM DIAMETER		2	0	2
APPROVED			2	0	2
62147	CRANIOPLASTY W/AUTOGRAFT GT 5 CM DIAMETER		1	0	1
APPROVED			1	0	1
62165	NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID		2	0	2
APPROVED			2	0	2
62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS		2	0	2

APPROVED			2	0	2
62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS		3	0	3
APPROVED			3	0	3
62256	RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT		1	0	1
APPROVED			1	0	1
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF		3	0	3
APPROVED			3	0	3
62304	MYELOGRAPHY VIA LUMBAR INJECT RS AND I LUMBOSACRAL		1	0	1
APPROVED			1	0	1
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN		99	23	122
APPROVED			99	0	99
DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	22	22
Denied Non Participating Provider			0	1	1
62322	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN		3	0	3
APPROVED			3	0	3
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN		98	32	130
APPROVED			98	0	98
DENIED			0	32	32
Denied Additional Information Not Received			0	1	1
Denied Benefit limits exceeded			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	28	28
Denied Non Participating Provider			0	1	1
62325	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN		0	4	4
DENIED			0	4	4
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM		1	0	1
APPROVED			1	0	1
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP		1	0	1
APPROVED			1	0	1
63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR		2	0	2
APPROVED			2	0	2
63020	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVIC		1	0	1
APPROVED			1	0	1
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR		22	4	26
APPROVED			22	0	22
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR		4	0	4
APPROVED			4	0	4
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR		2	0	2

APPROVED			2	0	2
63045	LAM FACECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL		2	0	2
APPROVED			2	0	2
63046	LAM FACECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC		1	0	1
APPROVED			1	0	1
63047	LAM FACECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR		37	1	38
APPROVED			37	0	37
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
63048	LAM FACECTOMY and FORAMOTOMY 1 SGM EA CRV THRC/LMBR		19	0	19
APPROVED			19	0	19
63056	TRANSPEDICULAR DCMRPN SPINAL CORD 1 SEG LUMBAR		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
63057	TRANSPEDICULAR DCMRPN 1 SEG EA THORACIC/LUMBAR		1	0	1
APPROVED			1	0	1
63075	DISCECTOMY ANT DCMRPN CORD CERVICAL 1 NTRSPC		6	0	6
APPROVED			6	0	6
63076	DISCECTOMY ANT DCMRPN CORD CERVICAL EA NTRSPC		3	0	3
APPROVED			3	0	3
63081	VERTEBRAL CORPECTOMY ANT DCMRPN CERVICAL 1 SEG		5	0	5
APPROVED			5	0	5
63082	VERTEBRAL CORPECTOMY DCMRPN CERVICAL EA SEG		2	0	2
APPROVED			2	0	2
63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR		1	0	1
APPROVED			1	0	1
63282	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR		1	0	1
APPROVED			1	0	1
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL		17	2	19
APPROVED			17	0	17
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR		3	0	3
APPROVED			3	0	3
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING		8	0	8
APPROVED			8	0	8
64420	INJECTION AA and /STRD INTERCOSTAL NRV SINGLE LVL		1	0	1
APPROVED			1	0	1
64421	INJECTION AA and /STRD INTERCOSTAL NRV EA ADDL LVL		2	0	2
APPROVED			2	0	2
64450	INJECTION AA and /STRD OTHER PERIPHERAL NERVE/BRANCH		11	8	19
APPROVED			11	0	11
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Not a Covered Benefit			0	5	5
64451	INJECTION AA and /STRD NERVES NRVTG SI JOINT W/IMG		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
64454	INJECTION AA and /STRD GENICULAR NRV BRANCHES W/IMG		0	4	4

DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Not a Covered Benefit			0	1	1
64479	NJX AA and /STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
64480	NJX AA and /STRD TFRML EPI CERVICAL/THORACIC EA ADDL		3	0	3
APPROVED			3	0	3
64483	NJX AA and /STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL		220	48	268
APPROVED			220	0	220
DENIED			0	48	48
Denied Additional Information Not Received			0	1	1
Denied Benefit limits exceeded			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	39	39
Denied Non Participating Provider			0	5	5
64484	NJX AA and /STRD TFRML EPI LUMBAR/SACRAL EA ADDL		160	33	193
APPROVED			160	0	160
DENIED			0	33	33
Denied Benefit limits exceeded			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	27	27
Denied Non Participating Provider			0	3	3
64488	TAP BLOCK BILATERAL BY INJECTION(S)		1	0	1
APPROVED			1	0	1
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL		61	23	84
APPROVED			61	0	61
DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
Denied Not a Covered Benefit			0	4	4
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL		60	24	84
APPROVED			60	0	60
DENIED			0	24	24
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
Denied Not a Covered Benefit			0	4	4
64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3 Plus LEVEL		9	27	36
APPROVED			9	0	9
DENIED			0	27	27
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	24	24
Denied Not a Covered Benefit			0	2	2
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL		165	48	213
APPROVED			165	0	165
DENIED			0	48	48
Denied Medical Necessity Criteria Not Met Medical Director			0	45	45
Denied Non Participating Provider			0	3	3
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL		156	46	202
APPROVED			156	0	156
DENIED			0	46	46
Denied Medical Necessity Criteria Not Met Medical Director			0	44	44
Denied Non Participating Provider			0	2	2
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3 Plus LEVEL		15	78	93
APPROVED			15	0	15

DENIED			0	78	78
Denied Benefit limits exceeded			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	70	70
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC		2	0	2
APPROVED			2	0	2
64530	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG		1	0	1
APPROVED			1	0	1
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER		1	0	1
APPROVED			1	0	1
64590	INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR		2	0	2
APPROVED			2	0	2
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
64625	RADIOFREQUENCY ABLTJ NRV NRVGT SI JT W/IMG GDN		4	4	8
APPROVED			4	0	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA		11	3	14
APPROVED			11	0	11
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA		11	3	14
APPROVED			11	0	11
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL		68	10	78
APPROVED			68	0	68
DENIED			0	10	10
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL		66	11	77
APPROVED			66	0	66
DENIED			0	11	11
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE		2	5	7
APPROVED			2	0	2
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Not a Covered Benefit			0	2	2
64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS		2	0	2
APPROVED			2	0	2
64708	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC		2	0	2
APPROVED			2	0	2
64712	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV		1	0	1
APPROVED			1	0	1
64721	NEUROPLASTY and /TRANSPOS MEDIAN NRV CARPAL TUNNE		3	0	3
APPROVED			3	0	3
64795	BIOPSY NERVE		1	0	1

APPROVED			1	0	1
64866	ANASTOMOSIS FACIAL-SPINAL ACCESSORY		1	0	1
APPROVED			1	0	1
64886	NERVE GRAFT HEAD/NECK GT 4 CM		2	0	2
APPROVED			2	0	2
64910	NERVE REPAIR W/CONDUIT EACH NERVE		2	0	2
APPROVED			2	0	2
64911	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE		1	0	1
APPROVED			1	0	1
64912	NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND		2	0	2
APPROVED			2	0	2
65426	EXCISION/TRANSPPOSITION PTERYGIUM W/GRAFG		2	0	2
APPROVED			2	0	2
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
65800	PARACENTESIS ANT CHAMB EYE ASPIR AQUEOUS SPX		1	0	1
APPROVED			1	0	1
65815	PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG and /AIR IN		1	0	1
APPROVED			1	0	1
65855	TRABECULOPLASTY BY LASER SURGERY		3	0	3
APPROVED			3	0	3
66180	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
66183	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR		1	0	1
APPROVED			1	0	1
66185	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT		1	0	1
APPROVED			1	0	1
66682	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE		1	0	1
APPROVED			1	0	1
66761	IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION		2	0	2
APPROVED			2	0	2
66820	DISCISSION SECONDARY MEMBRANOUS CATARACT		1	0	1
APPROVED			1	0	1
66821	POST-CATARACT LASER SURGERY		2	0	2
APPROVED			2	0	2
66825	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX		1	0	1
APPROVED			1	0	1
66982	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP		17	0	17
APPROVED			17	0	17
66984	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP		17	0	17
APPROVED			17	0	17
66986	EXCHANGE INTRAOCULAR LENS		2	0	2
APPROVED			2	0	2
67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX		4	0	4
APPROVED			4	0	4
67036	VITRECTOMY MECHANICAL PARS PLANA		12	0	12
APPROVED			12	0	12
67039	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC		1	0	1
APPROVED			1	0	1

67040	VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	17	0	17
APPROVED		17	0	17
67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	2	0	2
APPROVED		2	0	2
67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	2	0	2
APPROVED		2	0	2
67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	8	0	8
APPROVED		8	0	8
67113	RPR COMPLEX RETINA DETACH VITRECT AND MEMBRANE PEEL	24	0	24
APPROVED		24	0	24
67210	DSTRJ LOCLZD LESION RETINA 1 OR GT SESS PC	2	0	2
APPROVED		2	0	2
67225	DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	1	0	1
APPROVED		1	0	1
67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	5	0	5
APPROVED		5	0	5
67255	SCLERAL REINFORCEMENT SPX W/GRAFT	1	0	1
APPROVED		1	0	1
67311	STRABISMUS RECESSION/RESCJ 1 HRZNLT MUSC	2	0	2
APPROVED		2	0	2
67314	STRABISMUS RECESSION/RESCJ 1 VER MUSC	1	0	1
APPROVED		1	0	1
67413	ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	1	0	1
APPROVED		1	0	1
67500	RETROBULBAR INJECTION MEDICATION SPX	1	0	1
APPROVED		1	0	1
67808	EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	1	0	1
APPROVED		1	0	1
67810	INCISIONAL BIOPSY EYELID SKIN AND LID MARGIN	1	0	1
APPROVED		1	0	1
67875	TEMPORARY CLOSURE EYELIDS SUTURE	1	0	1
APPROVED		1	0	1
67900	REPAIR BROW PTOSIS	2	0	2
APPROVED		2	0	2
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	1	0	1
APPROVED		1	0	1
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	13	0	13
APPROVED		13	0	13
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	3	0	3
APPROVED		3	0	3
67950	CANTHOPLASTY	1	0	1
APPROVED		1	0	1
68720	DACRYOCSTORHINOSTOMY	4	0	4
APPROVED		4	0	4
68815	PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	3	0	3
APPROVED		3	0	3
69100	BIOPSY EXTERNAL EAR	1	0	1
APPROVED		1	0	1
69310	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	1	0	1
APPROVED		1	0	1
69399	UNLISTED PROCEDURE EXTERNAL EAR	1	0	1
APPROVED		1	0	1

69610	TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	2	0	2
APPROVED		2	0	2
69637	TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP	1	0	1
APPROVED		1	0	1
69644	TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR	1	0	1
APPROVED		1	0	1
69667	REPAIR ROUND WINDOW FISTULA	1	0	1
APPROVED		1	0	1
69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	1	0	1
APPROVED		1	0	1
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	21	0	21
APPROVED		21	0	21
70030	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	1	0	1
APPROVED		1	0	1
70100	RADIOLOGIC EXAMINATION MANDIBLE PRTL LT 4 VIEWS	1	0	1
APPROVED		1	0	1
70150	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	1	0	1
APPROVED		1	0	1
70336	MRI TEMPOROMANDIBULAR JOINT	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	16	10	26
APPROVED		16	0	16
DENIED		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	10	10
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL	2	0	2
APPROVED		2	0	2
70470	CT HEAD/BRAIN W/O and W/CONTRAST MATERIAL	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	1	0	1
APPROVED		1	0	1
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	9	1	10
APPROVED		9	0	9
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
70492	CT SOFT TISSUE NECK W/O and W/CONTRAST MATERIAL	1	0	1
APPROVED		1	0	1
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	6	0	6
APPROVED		6	0	6
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	5	0	5
APPROVED		5	0	5
70543	MRI ORBIT FACE and NECK W/O and W/CONTRAST MATRL	6	0	6
APPROVED		6	0	6
70544	MRA HEAD W/O CONTRST MATERIAL	1	0	1
APPROVED		1	0	1

70546	MRA HEAD W/O and W/CONTRAST MATERIAL	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	12	6	18
APPROVED		12	0	12
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	32	7	39
APPROVED		32	0	32
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
71020	RADIOLOGIC EXAM CHEST 2 VIEWS FRONTAL AND LATERAL	2	0	2
APPROVED		2	0	2
71045	RADIOLOGIC EXAM CHEST SINGLE VIEW	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	28	17	45
APPROVED		28	0	28
DENIED		0	17	17
Denied Medical Necessity Criteria Not Met Medical Director		0	15	15
Denied Non Participating Provider		0	2	2
71250	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	32	6	38
APPROVED		32	0	32
DENIED		0	6	6
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	43	6	49
APPROVED		43	0	43
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
71270	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C Plus	21	3	24
APPROVED		21	0	21
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	16	3	19
APPROVED		16	0	16
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
71550	MRI CHEST W/O CONTRAST MATERIAL	1	0	1
APPROVED		1	0	1
72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
72070	RADEX SPINE THORACIC 2 VIEWS	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
72100	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	0	2	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	1	0	1
APPROVED		1	0	1

72114	RADEX SPINE LUMBSCL COMPL W/BENDING VIEWS MIN 6	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL	1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL	1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
72133	CT LUMBAR SPINE W/O and W/CONTRAST MATERIAL	1	0	1
APPROVED		1	0	1
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	10	11	21
APPROVED		10	0	10
DENIED		0	11	11
Denied Medical Necessity Criteria Not Met Medical Director		0	11	11
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	1	0	1
APPROVED		1	0	1
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	2	6	8
APPROVED		2	0	2
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	25	31	56
APPROVED		25	0	25
DENIED		0	31	31
Denied Medical Necessity Criteria Not Met Medical Director		0	31	31
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	1	0	1
APPROVED		1	0	1
72156	MRI SPINAL CANAL CERVICAL W/O and W/CONTR MATRL	5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
72157	MRI SPINAL CANAL THORACIC W/O and W/CONTR MATRL	4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
72158	MRI SPINAL CANAL LUMBAR W/O and W/CONTR MATRL	3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
72170	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	1	0	1
APPROVED		1	0	1
72190	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
72193	CT PELVIS W/CONTRAST MATERIAL	2	1	3

APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
72194	CT PELVIS W/O and W/CONTRAST MATERIAL	3	0	3
APPROVED		3	0	3
72195	MRI PELVIS W/O CONTRAST MATERIAL	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
72197	MRI PELVIS W/O and W/CONTRAST MATERIAL	12	4	16
APPROVED		12	0	12
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
72275	EPIDUROGRAPHY RS AND I	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
73040	RADEX SHOULDER ARTHROGRAPHY RS AND I	4	0	4
APPROVED		4	0	4
73060	RADEX HUMERUS MINIMUM 2 VIEWS	4	0	4
APPROVED		4	0	4
73070	RADEX ELBOW 2 VIEWS	1	0	1
APPROVED		1	0	1
73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
73090	RADEX FOREARM 2 VIEWS	1	0	1
APPROVED		1	0	1
73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
73130	RADEX HAND MINIMUM 3 VIEWS	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
73140	RADEX FINGR MINIMUM 2 VIEWS	1	0	1
APPROVED		1	0	1
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	3	0	3
APPROVED		3	0	3
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	2	0	2
APPROVED		2	0	2
73220	MRI UPPER EXTREM OTHER THAN JT W/O and W/CONTRAS	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	10	9	19
APPROVED		10	0	10

DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL		2	0	2
APPROVED			2	0	2
73223	MRI ANY JT UPPER EXTREMITY W/O and W/CONTR MATRL		3	0	3
APPROVED			3	0	3
73500	X-RAY EXAM OF HIP		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS		1	0	1
APPROVED			1	0	1
73510	X-RAY EXAM OF HIP		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73520	X-RAY EXAM OF HIPS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73525	RADEX HIP ARTHROGRAPHY RS AND I		3	0	3
APPROVED			3	0	3
73540	X-RAY EXAM OF PELVIS AND HIPS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS		2	0	2
APPROVED			2	0	2
73560	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
73590	RADIOLOGIC EXAMINATION TIBIA AND FIBULA 2 VIEWS		7	0	7
APPROVED			7	0	7
73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS		2	0	2
APPROVED			2	0	2
73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
73620	RADIOLOGIC EXAMINATION FOOT 2 VIEWS		1	0	1
APPROVED			1	0	1
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
73702	CT LOWER EXTREMITY W/O and W/CONTRAST MATRL		1	2	3
APPROVED			1	0	1

DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
73706	CT ANGIOGRAPHY LOWER EXTREMITY		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL		6	8	14
APPROVED			6	0	6
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
73720	MRI LOWER EXTREM OTH/THN JT W/O and W/CONTR MATR		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL		19	26	45
APPROVED			19	0	19
DENIED			0	26	26
Denied Medical Necessity Criteria Not Met Medical Director			0	26	26
73723	MRI ANY JT LOWER EXTREM W/O and W/CONTRAST MATRL		0	4	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL		1	0	1
APPROVED			1	0	1
74018	RADIOLOGIC EXAM ABDOMEN 1 VIEW		1	0	1
APPROVED			1	0	1
74150	CT ABDOMEN W/O CONTRAST MATERIAL		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
74160	CT ABDOMEN W/CONTRAST MATERIAL		8	2	10
APPROVED			8	0	8
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
74170	CT ABDOMEN W/O and W/CONTRAST MATERIAL		19	6	25
APPROVED			19	0	19
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
74174	CT ANGIO ABD and PLVIS CNTRST MTRL W/WO CNTRST IMG		13	1	14
APPROVED			13	0	13
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
74176	CT ABDOMEN and PELVIS W/O CONTRAST MATERIAL		23	19	42
APPROVED			23	0	23
DENIED			0	19	19
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
74177	CT ABDOMEN and PELVIS W/CONTRAST MATERIAL		36	7	43
APPROVED			36	0	36
DENIED			0	7	7

Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
74178	CT ABDOMEN and PELVIS W/O CONTRST 1 OR GT BODY RE		27	19	46
APPROVED			27	0	27
DENIED			0	19	19
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
74181	MRI ABDOMEN W/O CONTRAST MATERIAL		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
74182	MRI ABDOMEN W/CONTRAST MATERIAL		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
74183	MRI ABDOMEN W/O and W/CONTRAST MATERIAL		26	7	33
APPROVED			26	0	26
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL		1	0	1
APPROVED			1	0	1
74220	RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY		3	0	3
APPROVED			3	0	3
74230	RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY		3	0	3
APPROVED			3	0	3
74240	RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY		1	0	1
APPROVED			1	0	1
74248	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY		1	0	1
APPROVED			1	0	1
74420	UROGRAPHY RETROGRADE WITH/WO KUB		1	0	1
APPROVED			1	0	1
74455	URETHROCYSTOGRAPHY VOIDING RS AND I		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES		2	0	2
APPROVED			2	0	2
74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES		1	0	1
APPROVED			1	0	1
75557	CARDIAC MRI MORPHOLOGY and FUNCTION W/O CONTRAST		2	0	2
APPROVED			2	0	2
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING		1	0	1
APPROVED			1	0	1
75561	CARDIAC MRI W/WO CONTRAST and FURTHER SEQ		6	0	6
APPROVED			6	0	6
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS		2	0	2
APPROVED			2	0	2
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM		3	19	22
APPROVED			3	0	3
DENIED			0	19	19

Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH		11	2	13
APPROVED			11	0	11
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST		44	25	69
APPROVED			44	0	44
DENIED			0	25	25
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	24	24
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS AND I		2	0	2
APPROVED			2	0	2
75635	CTA ABDL AORTA and BI ILIOFEM W/CONTRAST and POSTP		10	3	13
APPROVED			10	0	10
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS AND I		2	0	2
APPROVED			2	0	2
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS AND I		3	0	3
APPROVED			3	0	3
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS and I		2	0	2
APPROVED			2	0	2
75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS AND I		5	0	5
APPROVED			5	0	5
75820	VENOGRAPHY EXTREMITY UNILATERAL RS AND I		3	0	3
APPROVED			3	0	3
75822	VENOGRAPHY EXTREMITY BILATERAL RS AND I		4	0	4
APPROVED			4	0	4
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS AND I		1	0	1
APPROVED			1	0	1
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS AND I		1	0	1
APPROVED			1	0	1
75885	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS AND I		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
75889	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS and I		1	0	1
APPROVED			1	0	1
75894	TRANSCATHETER EMBOLIZATION ANY METH RS AND I		2	0	2
APPROVED			2	0	2
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS		1	0	1
APPROVED			1	0	1
75970	TRANSCATHETER BIOPSY RS AND I		1	0	1
APPROVED			1	0	1
76000	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME		5	0	5
APPROVED			5	0	5
76080	RADEX ABSCESS/FISTULA/SINUS TRACT RS and I		1	0	1
APPROVED			1	0	1
76100	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY		0	1	1
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
76376	3D RENDERING W/INTERP and POSTPROCESS SUPERVISION		5	7	12
APPROVED			5	0	5

DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
76377	3D RENDERING W/INTERP and POSTPROC DIFF WORK STATION		11	17	28
APPROVED			11	0	11
DENIED			0	17	17
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
76380	CT LIMITED/LOCALIZED FOLLOW UP STUDY		1	0	1
APPROVED			1	0	1
76390	MRI SPECTROSCOPY		1	0	1
APPROVED			1	0	1
76391	MAGNETIC RESONANCE ELASTOGRAPHY		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE		2	0	2
APPROVED			2	0	2
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE		1	0	1
APPROVED			1	0	1
76536	US SOFT TISSUE HEAD AND NECK REAL TIME IMGE DOCM		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE		5	0	5
APPROVED			5	0	5
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION		11	4	15
APPROVED			11	0	11
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE		10	2	12
APPROVED			10	0	10
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
76775	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
76800	ULTRASOUND SPINAL CANAL AND CONTENTS		1	0	1
APPROVED			1	0	1
76811	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION		6	0	6
APPROVED			6	0	6
76812	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT		1	0	1
APPROVED			1	0	1
76815	US PREGNANT UTERUS LIMITED 1 OR GT FETUSES		8	1	9

APPROVED		8	0	8
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	12	1	13
APPROVED		12	0	12
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	3	0	3
APPROVED		3	0	3
76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	5	0	5
APPROVED		5	0	5
76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	7	0	7
APPROVED		7	0	7
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	9	0	9
APPROVED		9	0	9
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	8	0	8
APPROVED		8	0	8
76825	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	2	0	2
APPROVED		2	0	2
76826	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	1	0	1
APPROVED		1	0	1
76827	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	1	0	1
APPROVED		1	0	1
76828	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	1	0	1
APPROVED		1	0	1
76830	US TRANSVAGINAL	2	6	8
APPROVED		2	0	2
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	4	4
Denied Not a Covered Benefit		0	1	1
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	3	5	8
APPROVED		3	0	3
DENIED		0	5	5
Denied Non Participating Provider		0	5	5
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
76872	US TRANSRECTAL	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
76881	US COMPL JOINT R-T W/IMAGE DOCUMENTATION	3	0	3
APPROVED		3	0	3
76882	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	1	0	1
APPROVED		1	0	1
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	15	1	16
APPROVED		15	0	15
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
76940	US AND MNTR PARENCHYMAL TISSUE ABLATION	1	0	1
APPROVED		1	0	1
76942	US GUIDANCE NEEDLE PLACEMENT IMG S AND I	18	1	19

APPROVED			18	0	18
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
76946	US GUIDANCE AMNIOCENTESIS IMG S AND I		1	0	1
APPROVED			1	0	1
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE		1	0	1
APPROVED			1	0	1
77001	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT		10	1	11
APPROVED			10	0	10
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON		10	1	11
APPROVED			10	0	10
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
77003	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON		19	2	21
APPROVED			19	0	19
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
77012	CT GUIDANCE NEEDLE PLACEMENT		10	0	10
APPROVED			10	0	10
77013	CT GUIDANCE AND MONITORING VISC TISS ABLATION		2	0	2
APPROVED			2	0	2
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT		9	0	9
APPROVED			9	0	9
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
77048	MRI BREAST W/OUT and WITH CONTRAST W/CAD UNILATERAL		2	0	2
APPROVED			2	0	2
77049	MRI BREAST WITHOUT and WITH CONTRAST W/CAD BILATERAL		88	15	103
APPROVED			88	0	88
DENIED			0	15	15
Denied Medical Necessity Criteria Not Met Medical Director			0	15	15
77052	COMP SCREEN MAMMOGRAM ADD-ON		4	0	4
APPROVED			4	0	4
77056	MAMMOGRAM BOTH BREASTS		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
77057	MAMMOGRAM SCREENING		5	0	5
APPROVED			5	0	5
77062	DIGITAL BREAST TOMOSYNTHESIS BILATERAL		1	0	1
APPROVED			1	0	1
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI		2	0	2
APPROVED			2	0	2
77066	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI		1	0	1
APPROVED			1	0	1
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD		7	3	10
APPROVED			7	0	7
DENIED			0	3	3

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
77075	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL		2	0	2
APPROVED			2	0	2
77080	DXA BONE DENSITY STUDY 1 OR GT SITES AXIAL SKEL		10	3	13
APPROVED			10	0	10
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
77084	BONE MARROW BLOOD SUPPLY		11	0	11
APPROVED			11	0	11
77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE		2	0	2
APPROVED			2	0	2
77262	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE		3	0	3
APPROVED			3	0	3
77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX		13	0	13
APPROVED			13	0	13
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE		13	0	13
APPROVED			13	0	13
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED		1	0	1
APPROVED			1	0	1
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX		14	0	14
APPROVED			14	0	14
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION		1	0	1
APPROVED			1	0	1
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS		12	0	12
APPROVED			12	0	12
77300	BASIC RADIATION DOSIMETRY CALCULATION		17	0	17
APPROVED			17	0	17
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS		8	0	8
APPROVED			8	0	8
77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION		2	0	2
APPROVED			2	0	2
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY		2	0	2
APPROVED			2	0	2
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY		2	0	2
APPROVED			2	0	2
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS		2	0	2
APPROVED			2	0	2
77332	TX DEVICES DESIGN AND CONSTRUCTION SIMPLE		1	0	1
APPROVED			1	0	1
77333	TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE		1	0	1
APPROVED			1	0	1
77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX		178	0	178
APPROVED			178	0	178
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK		15	0	15
APPROVED			15	0	15
77338	MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN		12	0	12
APPROVED			12	0	12
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ		2	0	2
APPROVED			2	0	2
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR		7	0	7
APPROVED			7	0	7

77373	STEREOTACTIC BODY RADIATION DELIVERY	17	1	18
APPROVED		17	0	17
DENIED		0	1	1
Denied for No Pre-authorization		0	1	1
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	26	0	26
APPROVED		26	0	26
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	9	0	9
APPROVED		9	0	9
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	7	0	7
APPROVED		7	0	7
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	6	0	6
APPROVED		6	0	6
77412	RADIATION TREATMENT DELIVERY 1 MEV Equal to GT COMPLEX	7	0	7
APPROVED		7	0	7
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(5)	5	0	5
APPROVED		5	0	5
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	11	0	11
APPROVED		11	0	11
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	1	0	1
APPROVED		1	0	1
77470	SPECIAL TREATMENT PROCEDURE	10	0	10
APPROVED		10	0	10
77520	PROTON TX DELIVERY SIMPLE W/O COMPENSATION	2	0	2
APPROVED		2	0	2
77522	PROTON TX DELIVERY SIMPLE W/COMPENSATION	2	0	2
APPROVED		2	0	2
77523	PROTON TX DELIVERY INTERMEDIATE	2	0	2
APPROVED		2	0	2
77525	PROTON TX DELIVERY COMPLEX	2	0	2
APPROVED		2	0	2
77605	HYPERTHERMIA EXTERNAL GENERATED DEEP	1	0	1
APPROVED		1	0	1
78014	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
78071	PARATHYROID PLANAR IMAGING W/VO SUBTRACTION	1	0	1
APPROVED		1	0	1
78226	HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER	2	0	2
APPROVED		2	0	2
78227	HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
78264	GASTRIC EMPTYING IMAGING STUDY	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
78305	BONE and /JOINT IMAGING MULTIPLE AREAS	1	0	1
APPROVED		1	0	1
78306	BONE and /JOINT IMAGING WHOLE BODY	76	3	79
APPROVED		76	0	76

DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
78315	BONE and /JOINT IMAGING 3 PHASE STUDY		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
78429	MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT		1	0	1
APPROVED			1	0	1
78431	MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT		1	0	1
APPROVED			1	0	1
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS		11	0	11
APPROVED			11	0	11
78452	MYOCARDIAL SPECT MULTIPLE STUDIES		91	47	138
APPROVED			91	0	91
DENIED			0	47	47
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	46	46
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS		2	0	2
APPROVED			2	0	2
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT		1	0	1
APPROVED			1	0	1
78492	MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST AND STRESS		12	9	21
APPROVED			12	0	12
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
78582	PULMONARY VENTILATION AND PERFUSION IMAGING		1	0	1
APPROVED			1	0	1
78597	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING		1	0	1
APPROVED			1	0	1
78608	BRAIN IMAGING PET METABOLIC EVALUATION		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
78700	KIDNEY IMAGING MORPHOLOGY		1	0	1
APPROVED			1	0	1
78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX		1	0	1
APPROVED			1	0	1
78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY		0	5	5
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
78803	RP LOCLZJ TUM SPECT 1 AREA SINGLE DAY IMAGING		5	0	5
APPROVED			5	0	5
78804	RP LOCLZJ TUM PLNR WHOLE BODY 2 PLUS DAYS IMAGING		2	0	2
APPROVED			2	0	2
78806	RP LOCLZJ INFLAMMATORY PROCESS WHOLE BODY		1	0	1
APPROVED			1	0	1
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH		29	5	34
APPROVED			29	0	29
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY		3	0	3
APPROVED			3	0	3

79005	RP THERAPY ORAL ADMINISTRATION	1	0	1
APPROVED		1	0	1
79440	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	1	0	1
APPROVED		1	0	1
79445	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	1	0	1
APPROVED		1	0	1
80047	BASIC METABOLIC PANEL CALCIUM IONIZED	1	0	1
APPROVED		1	0	1
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	4	7	11
APPROVED		4	0	4
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
80050	GENERAL HEALTH PANEL	34	5	39
APPROVED		34	0	34
DENIED		0	5	5
Denied Non Participating Provider		0	5	5
80051	Electrolyte panel	34	4	38
APPROVED		34	0	34
DENIED		0	4	4
Denied Non Participating Provider		0	4	4
80053	COMPREHENSIVE METABOLIC PANEL	46	18	64
APPROVED		46	0	46
DENIED		0	18	18
Denied Medical Necessity Criteria Not Met Medical Director		0	9	9
Denied Non Participating Provider		0	9	9
80061	Lipid panel	6	7	13
APPROVED		6	0	6
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	4	4
80076	Hepatic Function Panel	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
80145	DRUG ASSAY ADALIMUMAB	1	0	1
APPROVED		1	0	1
80197	DRUG SCREEN QUANTITATIVE TACROLIMUS	1	0	1
APPROVED		1	0	1
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	7	12	19
APPROVED		7	0	7
DENIED		0	12	12
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
Denied Non Participating Provider		0	8	8
80320	DRUG SCREEN QUANTITATIVE ALCOHOLS	3	1	4

APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81000	URNLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY		3	0	3
APPROVED			3	0	3
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY		8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP		7	0	7
APPROVED			7	0	7
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
81015	URINALYSIS MICROSCOPIC ONLY		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81025	URINE PREGNANCY TEST VISUAL COLOR CMPSRN METHS		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81050	VOLUME MEASUREMENT TIMED COLLECTION EACH		1	0	1
APPROVED			1	0	1
81120	IDH1 COMMON VARIANTS		1	12	13
APPROVED			1	0	1
DENIED			0	12	12
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
81121	IDH2 COMMON VARIANTS		1	12	13
APPROVED			1	0	1
DENIED			0	12	12
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS		80	45	125
APPROVED			80	0	80
DENIED			0	45	45
Denied for No Pre-authorization			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	33	33
Denied Non Participating Provider			0	6	6
Denied Not a Covered Benefit			0	1	1
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS		3	18	21
APPROVED			3	0	3
DENIED			0	18	18
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
Denied Not a Covered Benefit			0	1	1
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS		1	21	22
APPROVED			1	0	1
DENIED			0	21	21

Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
Denied Not a Covered Benefit			0	1	1
81173	AR GENE ANALYSIS FULL GENE SEQUENCE		1	23	24
APPROVED			1	0	1
DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	23	23
81200	ASPA GENE ANALYSIS COMMON VARIANTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81201	APC GENE ANALYSIS FULL GENE SEQUENCE		3	18	21
APPROVED			3	0	3
DENIED			0	18	18
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	15	15
Denied Non Participating Provider			0	2	2
81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS		1	21	22
APPROVED			1	0	1
DENIED			0	21	21
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
Denied Not a Covered Benefit			0	1	1
81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE		4	32	36
APPROVED			4	0	4
DENIED			0	32	32
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	24	24
Denied Non Participating Provider			0	5	5
Denied Not a Covered Benefit			0	2	2
81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE		1	21	22
APPROVED			1	0	1
DENIED			0	21	21
Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE		0	20	20
DENIED			0	20	20
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
Denied Not a Covered Benefit			0	1	1
81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81210	BRAF GENE ANALYSIS V600 VARIANT(S)		5	27	32
APPROVED			5	0	5
DENIED			0	27	27
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	22	22

Denied Non Participating Provider			0	4	4
81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9		3	21	24
APPROVED			3	0	3
DENIED			0	21	21
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
81220	CFTR GENE ANALYSIS COMMON VARIANTS		3	42	45
APPROVED			3	0	3
DENIED			0	42	42
Denied for No Pre-authorization			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
Denied Non Participating Provider			0	25	25
Denied Not a Covered Benefit			0	1	1
81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR		1	0	1
APPROVED			1	0	1
81235	EGFR GENE ANALYSIS COMMON VARIANTS		6	40	46
APPROVED			6	0	6
DENIED			0	40	40
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	34	34
Denied Non Participating Provider			0	4	4
Denied Not a Covered Benefit			0	1	1
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81240	F2 GENE ANALYSIS 20210G GT A VARIANT		2	2	4
APPROVED			2	0	2

DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81242	FANCC GENE ANALYSIS COMMON VARIANT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES		7	25	32
APPROVED			7	0	7
DENIED			0	25	25
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	22	22
Denied Non Participating Provider			0	2	2
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS		2	24	26
APPROVED			2	0	2
DENIED			0	24	24
Denied Medical Necessity Criteria Not Met Medical Director			0	22	22
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
81246	FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
81250	G6PC GENE ANALYSIS COMMON VARIANTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81255	HEXA GENE ANALYSIS COMMON VARIANTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS		1	0	1
APPROVED			1	0	1
81257	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81259	HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

81265	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC	4	0	4
APPROVED		4	0	4
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	3	0	3
APPROVED		3	0	3
81267	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	2	0	2
APPROVED		2	0	2
81268	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	3	0	3
APPROVED		3	0	3
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	1	14	15
APPROVED		1	0	1
DENIED		0	14	14
Denied Medical Necessity Criteria Not Met Medical Director		0	12	12
Denied Non Participating Provider		0	2	2
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	1	33	34
APPROVED		1	0	1
DENIED		0	33	33
Denied Medical Necessity Criteria Not Met Medical Director		0	30	30
Denied Non Participating Provider		0	2	2
Denied Not a Covered Benefit		0	1	1
81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	6	36	42
APPROVED		6	0	6
DENIED		0	36	36
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	31	31
Denied Non Participating Provider		0	4	4
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	6	35	41
APPROVED		6	0	6
DENIED		0	35	35
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	29	29
Denied Non Participating Provider		0	5	5
81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
81291	MTHFR GENE ANALYSIS COMMON VARIANTS	0	3	3
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	17	42	59
APPROVED		17	0	17
DENIED		0	42	42
Denied for No Pre-authorization		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	34	34
Denied Non Participating Provider		0	5	5
Denied Not a Covered Benefit		0	1	1
81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	2	7	9
APPROVED		2	0	2
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	4	18	22
APPROVED		4	0	4
DENIED		0	18	18
Denied Medical Necessity Criteria Not Met Medical Director		0	17	17

Denied Non Participating Provider			0	1	1
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS		14	44	58
APPROVED			14	0	14
DENIED			0	44	44
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	37	37
Denied Non Participating Provider			0	5	5
Denied Not a Covered Benefit			0	1	1
81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS		3	18	21
APPROVED			3	0	3
DENIED			0	18	18
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
Denied Non Participating Provider			0	1	1
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS		14	44	58
APPROVED			14	0	14
DENIED			0	44	44
Denied for No Pre-authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	36	36
Denied Non Participating Provider			0	5	5
Denied Not a Covered Benefit			0	1	1
81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA		3	18	21
APPROVED			3	0	3
DENIED			0	18	18
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
Denied Non Participating Provider			0	1	1
81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF		12	23	35
APPROVED			12	0	12
DENIED			0	23	23
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	16	16
Denied Non Participating Provider			0	5	5
Denied Not a Covered Benefit			0	1	1
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS		3	0	3
APPROVED			3	0	3
81307	PALB2 GENE ANALYSIS FULL GENE SEQUENCE		3	10	13
APPROVED			3	0	3
DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
Denied Not a Covered Benefit			0	1	1
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS		1	16	17
APPROVED			1	0	1
DENIED			0	16	16
Denied Medical Necessity Criteria Not Met Medical Director			0	15	15
Denied Not a Covered Benefit			0	1	1
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS		2	9	11
APPROVED			2	0	2
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3		7	40	47
APPROVED			7	0	7
DENIED			0	40	40
Denied for No Pre-authorization			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director		0	34	34
Denied Non Participating Provider		0	4	4
Denied Not a Covered Benefit		0	1	1
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	1	31	32
APPROVED		1	0	1
DENIED		0	31	31
Denied Medical Necessity Criteria Not Met Medical Director		0	30	30
Denied Not a Covered Benefit		0	1	1
81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	9	27	36
APPROVED		9	0	9
DENIED		0	27	27
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	21	21
Denied Non Participating Provider		0	4	4
Denied Not a Covered Benefit		0	1	1
81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	4	16	20
APPROVED		4	0	4
DENIED		0	16	16
Denied Medical Necessity Criteria Not Met Medical Director		0	15	15
Denied Non Participating Provider		0	1	1
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	3	46	49
APPROVED		3	0	3
DENIED		0	46	46
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	40	40
Denied Non Participating Provider		0	3	3
Denied Not a Covered Benefit		0	2	2
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	11	70	81
APPROVED		11	0	11
DENIED		0	70	70
Denied for No Pre-authorization		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	38	38
Denied Non Participating Provider		0	22	22
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	1	0	1
APPROVED		1	0	1
81335	TPMT GENE ANALYSIS COMMON VARIANTS	3	0	3
APPROVED		3	0	3
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	0	6	6
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	0	1	1

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81361	HBB COMMON VARIANTS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81364	HBB FULL GENE SEQUENCE		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
81370	HLA CLASS I and II LOW HLA-A -B -C -DRB1/3/4/5 and DQB		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81372	HLA CLASS I TYPING LOW RESOLUTION COMPLETE		5	0	5
APPROVED			5	0	5
81374	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH		2	0	2
APPROVED			2	0	2
81377	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA		2	0	2
APPROVED			2	0	2
81378	HLA I AND II HIGH RESOLUTION HLA-A -B -C AND -DRB1		6	0	6
APPROVED			6	0	6
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1		2	10	12
APPROVED			2	0	2
DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2		3	33	36
APPROVED			3	0	3
DENIED			0	33	33
Denied Medical Necessity Criteria Not Met Medical Director			0	31	31
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3		6	31	37
APPROVED			6	0	6
DENIED			0	31	31
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	28	28
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4		11	63	74
APPROVED			11	0	11
DENIED			0	63	63
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	57	57
Denied Non Participating Provider			0	4	4
Denied Not a Covered Benefit			0	1	1
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5		4	60	64
APPROVED			4	0	4
DENIED			0	60	60
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	55	55
Denied Non Participating Provider			0	1	1

Denied Not a Covered Benefit			0	3	3
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6		4	35	39
APPROVED			4	0	4
DENIED			0	35	35
Denied Medical Necessity Criteria Not Met Medical Director			0	32	32
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7		30	79	109
APPROVED			30	0	30
DENIED			0	79	79
Denied for No Pre-authorization			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	71	71
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9		3	24	27
APPROVED			3	0	3
DENIED			0	24	24
Denied Medical Necessity Criteria Not Met Medical Director			0	23	23
Denied Not a Covered Benefit			0	1	1
81415	EXOME SEQUENCE ANALYSIS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS		30	79	109
APPROVED			30	0	30
DENIED			0	79	79
Denied for No Pre-authorization			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	49	49
Denied Non Participating Provider			0	22	22
Denied Not a Covered Benefit			0	1	1
81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS		0	8	8
DENIED			0	8	8
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	3	3
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS		0	4	4
DENIED			0	4	4
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE		1	4	5
APPROVED			1	0	1
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE		1	2	3
APPROVED			1	0	1

DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81455	GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51 OR GT GEN		1	14	15
APPROVED			1	0	1
DENIED			0	14	14
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
Denied Non Participating Provider			0	1	1
81460	WHOLE MITOCHONDRIAL GENOME		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS		1	0	1
APPROVED			1	0	1
81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS		1	0	1
APPROVED			1	0	1
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE		16	63	79
APPROVED			16	0	16
DENIED			0	63	63
Denied for No Pre-authorization			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	43	43
Denied Non Participating Provider			0	10	10
Denied Not a Covered Benefit			0	3	3
81490	AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS		0	23	23
DENIED			0	23	23
Denied for No Pre-authorization			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	9	9
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK		0	4	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
81508	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES		9	1	10
APPROVED			9	0	9
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES		0	1	1
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES		1	9	10
APPROVED			1	0	1
DENIED			0	9	9
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Not a Covered Benefit			0	5	5
81545	ONCOLOGY THYROID GENE EXPRESSION 142 GENES		4	4	8
APPROVED			4	0	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	2	2
81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES		2	9	11
APPROVED			2	0	2
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES		1	0	1
APPROVED			1	0	1
82043	URINE ALBUMIN QUANTITATIVE		1	0	1
APPROVED			1	0	1
82103	ALPHA-1-ANTITRYPSIN TOTAL		1	0	1
APPROVED			1	0	1
82105	ALPHA-FETOPROTEIN SERUM		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
82150	ASSAY OF AMYLASE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
82172	APOLIPOPROTEIN EACH		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
82232	BETA-2 MICROGLOBULIN		2	0	2
APPROVED			2	0	2
82247	BILIRUBIN TOTAL		3	0	3
APPROVED			3	0	3
82248	BILIRUBIN DIRECT		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
82330	CALCIUM IONIZED		1	0	1
APPROVED			1	0	1
82378	CARCINOEMBRYONIC ANTIGEN CEA		1	0	1
APPROVED			1	0	1
82390	CERULOPLASMIN		1	0	1
APPROVED			1	0	1
82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL		0	1	1
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
82533	CORTISOL TOTAL	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
82565	CREATININE BLOOD	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
82575	CREATININE CLEARANCE	1	0	1
APPROVED		1	0	1
82607	CYANOCOBALAMIN VITAMIN B-12	0	2	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
82610	CYSTATIN C	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
82627	DEHYDROEPIANDROSTERONE-SULFATE	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
82670	ASSAY OF TOTAL ESTRADIOL	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
82728	ASSAY OF FERRITIN	5	3	8
APPROVED		5	0	5
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	1	1
82746	ASSAY OF FOLIC ACID SERUM	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	4	0	4
APPROVED		4	0	4
82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
82805	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITY	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	4	0	4
APPROVED		4	0	4
82950	GLUCOSE POST GLUCOSE DOSE	4	0	4
APPROVED		4	0	4
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	4	0	4
APPROVED		4	0	4
82955	GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
82977	ASSAY OF GLUTAMYLTRASE GAMMA	1	1	2
APPROVED		1	0	1
DENIED		0	1	1

Denied Non Participating Provider			0	1	1
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
83002	GONADOTROPIN LUTEINIZING HORMONE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
83021	HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY		1	0	1
APPROVED			1	0	1
83036	HEMOGLOBIN GLYCOSYLATED A1C		5	5	10
APPROVED			5	0	5
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	2	2
83090	ASSAY OF HOMOCYSTEINE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
8316	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP		1	0	1
APPROVED			1	0	1
83525	ASSAY OF INSULIN TOTAL		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
83540	ASSAY OF IRON		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
83550	IRON BINDING CAPACITY		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
83615	LACTATE DEHYDROGENASE LDH		17	1	18
APPROVED			17	0	17
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
83690	ASSAY OF LIPASE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
83735	ASSAY OF MAGNESIUM		17	2	19
APPROVED			17	0	17
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
83880	NATRIURETIC PEPTIDE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NES		2	0	2
APPROVED			2	0	2
83970	ASSAY OF PARATHORMONE		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2

84100	ASSAY OF PHOSPHORUS INORGANIC	12	1	13
APPROVED		12	0	12
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
84144	ASSAY OF PROGESTERONE	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
84146	ASSAY OF PROLACTIN	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	1	0	1
APPROVED		1	0	1
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	9	4	13
APPROVED		9	0	9
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	2	2
84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	1	0	1
APPROVED		1	0	1
84156	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	3	0	3
APPROVED		3	0	3
84165	PROTEIN ELECTROPHORETIC FRACTJ AND QUANTJ SERUM	2	0	2
APPROVED		2	0	2
84166	PROTEIN ELECTROP FXJ AND QUAN OTH FLUS CONCENTRATI	2	0	2
APPROVED		2	0	2
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
84402	ASSAY OF TESTOSTERONE FREE	1	0	1
APPROVED		1	0	1
84403	ASSAY OF TESTOSTERONE TOTAL	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
84436	ASSAY OF THYROXINE TOTAL	4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
84439	ASSAY OF FREE THYROXINE	3	0	3
APPROVED		3	0	3
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	8	7	15
APPROVED		8	0	8
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	4	4
84450	TRANSFERASE ASPARTATE AMINO AST SGOT	13	0	13
APPROVED		13	0	13
84460	TRANSFERASE ALANINE AMINO ALT SGPT	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1

84466	ASSAY OF L7383TRANSFERRIN	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
84480	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
84520	ASSAY OF UREA NITROGEN QUANTITATIVE	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
84550	ASSAY OF BLOOD/URIC ACID	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
84630	ASSAY OF ZINC	1	0	1
APPROVED		1	0	1
84702	GONADOTROPIN CHORIONIC QUANTITATIVE	6	0	6
APPROVED		6	0	6
84703	GONADOTROPIN CHORIONIC QUALITATIVE	2	0	2
APPROVED		2	0	2
84999	UNLISTED CHEMISTRY PROCEDURE	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
85007	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
85025	BLOOD COUNT COMPLETE AUTO AND AUTO DIFRNTL WBC	58	21	79
APPROVED		58	0	58
DENIED		0	21	21
Denied Medical Necessity Criteria Not Met Medical Director		0	11	11
Denied Non Participating Provider		0	10	10
85027	BLOOD COUNT COMPLETE AUTOMATED	43	5	48
APPROVED		43	0	43
DENIED		0	5	5
Denied Non Participating Provider		0	5	5
85045	BLOOD COUNT RETICULOCYTE AUTOMATED	3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
85049	BLOOD COUNT PLATELET AUTOMATED	12	0	12
APPROVED		12	0	12
85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	2	0	2
APPROVED		2	0	2
85384	FIBRINOGEN ACTIVITY	1	0	1

APPROVED			1	0	1
85536	IRON STAIN PERIPHERAL BLOOD		2	0	2
APPROVED			2	0	2
85610	Prothrombin time		22	4	26
APPROVED			22	0	22
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
85652	SEDIMENTATION RATE RBC AUTOMATED		1	0	1
APPROVED			1	0	1
85660	SICKLING RBC REDUCTION		2	0	2
APPROVED			2	0	2
85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD		15	2	17
APPROVED			15	0	15
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
86008	ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA		0	7	7
DENIED			0	7	7
Denied for No Pre-authorization			0	2	2
Denied Non Participating Provider			0	5	5
86038	ANTINUCLEAR ANTIBODIES ANA		1	0	1
APPROVED			1	0	1
86039	ANTINUCLEAR ANTIBODIES ANA TITER		1	0	1
APPROVED			1	0	1
86140	C-reactive protein		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
86141	C-REACTIVE PROTEIN HIGH SENSITIVITY		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
86255	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY		3	0	3
APPROVED			3	0	3
86256	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY		1	0	1
APPROVED			1	0	1
86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86334	IMMUNOFIXJ ELECTROPHORESIS SERUM		2	0	2
APPROVED			2	0	2
86335	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS		2	0	2
APPROVED			2	0	2
86355	B CELLS TOTAL COUNT		1	0	1
APPROVED			1	0	1
86357	NATURAL KILLER CELLS TOTAL COUNT		1	0	1
APPROVED			1	0	1
86359	T CELLS TOTAL COUNT		1	0	1
APPROVED			1	0	1
86360	T CELLS ABSOLUTE CD4 AND CD8 COUNT RATIO		1	0	1
APPROVED			1	0	1
86361	T CELLS ABSOLUTE CD4 COUNT		1	0	1

APPROVED			1	0	1
86376	MICROSOMAL ANTIBODIES EACH		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
86403	PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY		1	0	1
APPROVED			1	0	1
86431	RHEUMATOID FACTOR QUANTITATIVE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP		1	0	1
APPROVED			1	0	1
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL		5	3	8
APPROVED			5	0	5
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
86593	SYPHILIS TEST QUANTITATIVE		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86644	ANTIBODY CYTOMEGALOVIRUS CMV		20	3	23
APPROVED			20	0	20
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM		17	1	18
APPROVED			17	0	17
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86663	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA		6	0	6
APPROVED			6	0	6
86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA		6	0	6
APPROVED			6	0	6
86687	ANTIBODY HTLV-I		1	0	1
APPROVED			1	0	1
86694	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST		2	0	2
APPROVED			2	0	2
86695	ANTIBODY HERPES SMPLX TYPE 1		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86696	ANTIBODY HERPES SMPLX TYPE 2		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86701	ANTIBODY HIV-1		3	1	4

APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86702	ANTIBODY HIV-2		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86703	ANTIBODY HIV-1 AND HIV-2 SINGLE RESULT		6	3	9
APPROVED			6	0	6
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL		11	3	14
APPROVED			11	0	11
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
86705	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
86706	HEPATITIS B SURF ANTIBODY HBSAB		4	3	7
APPROVED			4	0	4
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
86708	HEPATITIS A ANTIBODY HAAB		7	4	11
APPROVED			7	0	7
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
86709	HEPATITIS ANTIBODY HAAB IGM ANTIBODY		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86753	ANTIBODY PROTOZOA NES		2	0	2
APPROVED			2	0	2
86762	ANTIBODY RUBELLA		3	0	3
APPROVED			3	0	3
86765	ANTIBODY RUBEOLA		1	0	1
APPROVED			1	0	1
86778	ANTIBODY TOXOPLASMA IGM		11	0	11
APPROVED			11	0	11
86780	ANTIBODY TREPONEMA PALLIDUM		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86787	ANTIBODY VARICELLA-ZOSTER		8	3	11
APPROVED			8	0	8
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
86788	ANTIBODY WEST NILE VIRUS IGM		2	0	2
APPROVED			2	0	2
86789	ANTIBODY WEST NILE VIRUS		2	0	2
APPROVED			2	0	2

86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	14	0	14
APPROVED		14	0	14
86800	Thyroglobulin antibody	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
86803	HEPATITIS C ANTIBODY	6	2	8
APPROVED		6	0	6
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
86812	HLA TYPING A/B/C SINGLE ANTIGEN	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
86813	HLA TYPING A/B/C MULTIPLE ANTIGENS	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
86817	HLA TYPING DR/DQ MULTIPLE ANTIGENS	5	0	5
APPROVED		5	0	5
86835	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	1	0	1
APPROVED		1	0	1
86849	UNLISTED IMMUNOLOGY	1	0	1
APPROVED		1	0	1
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	3	0	3
APPROVED		3	0	3
86900	BLOOD TYPING SEROLOGIC ABO	9	5	14
APPROVED		9	0	9
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	2	2
86901	BLOOD TYPING SEROLOGIC RH (D)	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	2	0	2
APPROVED		2	0	2
87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	11	0	11
APPROVED		11	0	11
87088	CULTURE BCT ISOL AND PRSMPTV ID ISOLATE EA URINE	11	0	11
APPROVED		11	0	11
87254	VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
87305	IAAD IA ASPERGILLUS	1	0	1
APPROVED		1	0	1
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	7	3	10
APPROVED		7	0	7
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
87341	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	5	3	8
APPROVED		5	0	5
DENIED		0	3	3

Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
87486	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	1	0	1
APPROVED		1	0	1
87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION	13	0	13
APPROVED		13	0	13
87522	IADNA HEPATITIS C QUANT AND REVERSE TRANSCRIPTION	7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
87534	IADNA HIV-1 DIRECT PROBE TECHNIQUE	2	0	2
APPROVED		2	0	2
87581	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	1	0	1
APPROVED		1	0	1
87633	IADNA RESPIRATRY PROBE AND REV TRNSCR 12-25 TARGET	1	0	1
APPROVED		1	0	1
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied for No Pre-authorization		0	1	1
87641	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	3	38	41
APPROVED		3	0	3
DENIED		0	38	38
Denied Additional Information Not Received		0	1	1
Denied for No Pre-authorization		0	13	13
Denied Medical Necessity Criteria Not Met Medical Director		0	23	23
Denied Not a Covered Benefit		0	1	1
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	13	13	26
APPROVED		13	0	13
DENIED		0	13	13
Denied Additional Information Not Received		0	1	1
Denied for No Pre-authorization		0	8	8
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
87804	IAADIADOO INFLUENZA	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
87880	IAADIADOO STREPTOCOCCUS GROUP A	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
87902	NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS C VIRUS	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
88143	CYTP C/V FLU AUTO THIN MNL SCR and RESCR PHYS	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	2	3	5
APPROVED		2	0	2
DENIED		0	3	3

Denied Non Participating Provider			0	3	3
88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
88189	FLOW CYTOMETRY INTERPRETATION 16 OR GT MARKERS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88230	TISS CUL NON-NEO DISORDERS LYMPHOCYTE		1	0	1
APPROVED			1	0	1
88237	TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88239	TISS CUL NEO DISORDERS SOLID TUMOR		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88262	CHRSM COUNT 15-20 CLL 2KARYOTYP BANDING		1	0	1
APPROVED			1	0	1
88264	CHRSM ANALYZE 20-25 CELLS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
88280	CHRSM ANALYSIS ADDL KARYOTYP EACH STUDY		1	0	1
APPROVED			1	0	1
88291	CYTOGENETICS AND MOLEC CYTOGENETICS INTERP AND REP		1	0	1
APPROVED			1	0	1
88305	LEVEL IV SURG PATHOLOGY GROSS AND MICROSCOPIC EXAM		5	0	5
APPROVED			5	0	5
88311	DECALCIFICATION PROCEDURE		1	0	1
APPROVED			1	0	1
88312	SPECIAL STAIN GROUP 1 MICROORGANISMS I AND R		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88313	SPCL STN 2 I and R EXCPT MICROORG/ENZYME/IMCYT		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88321	CONSLTJ AND REPRT SLIDES PREPARED ELSEWHERE		1	4	5
APPROVED			1	0	1
DENIED			0	4	4
Denied Non Participating Provider			0	4	4
88323	CONSLTJ AND REPRT MATERIAL REQUIRING PREPJ SLIDES		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88331	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1 SPEC		3	1	4

APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88332	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88341	IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE		6	13	19
APPROVED			6	0	6
DENIED			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
88342	IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE		10	12	22
APPROVED			10	0	10
DENIED			0	12	12
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
Denied Non Participating Provider			0	1	1
88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL		4	19	23
APPROVED			4	0	4
DENIED			0	19	19
Denied Medical Necessity Criteria Not Met Medical Director			0	16	16
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88373	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88374	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
88377	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB		3	7	10
APPROVED			3	0	3
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	1	1
88381	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL		0	5	5
DENIED			0	5	5
Denied for No Pre-authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE		1	0	1
APPROVED			1	0	1
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Non Participating Provider			0	1	1
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE		4	0	4
APPROVED			4	0	4

90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	4	0	4
APPROVED		4	0	4
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	4	0	4
APPROVED		4	0	4
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	3	0	3
APPROVED		3	0	3
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied for No Pre-authorization		0	1	1
90689	IIV4 VACC INACTIVATED PRSRV FR 0.25ML DOS IM USE	1	0	1
APPROVED		1	0	1
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC LT 7 YR IM	2	0	2
APPROVED		2	0	2
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	4	0	4
APPROVED		4	0	4
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	3	0	3
APPROVED		3	0	3
90715	TDAP VACCINE 7 YRS OR GT IM	1	0	1
APPROVED		1	0	1
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	4	0	4
APPROVED		4	0	4
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	2	0	2
APPROVED		2	0	2
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	1	0	1
APPROVED		1	0	1
90740	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	1	0	1
APPROVED		1	0	1
90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE	1	0	1
APPROVED		1	0	1
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	1	0	1
APPROVED		1	0	1
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	5	0	5
APPROVED		5	0	5
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	6	0	6
APPROVED		6	0	6
90833	PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 30 MIN	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	11	0	11
APPROVED		11	0	11
90836	PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 45 MIN	2	0	2
APPROVED		2	0	2
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	20	6	26

APPROVED		20	0	20
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	4	4
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	1	0	1
APPROVED		1	0	1
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	1	0	1
APPROVED		1	0	1
90853	GROUP PSYCHOTHERAPY	25	3	28
APPROVED		25	0	25
DENIED		0	3	3
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL and M	13	1	14
APPROVED		13	0	13
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	14	1	15
APPROVED		14	0	14
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV and MN	10	1	11
APPROVED		10	0	10
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
90870	ELECTROCONVULSIVE THERAPY	1	0	1
APPROVED		1	0	1
90901	BIOFEEDBACK TRAINING ANY MODALITY	1	0	1
APPROVED		1	0	1
90935	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	16	33	49
APPROVED		16	0	16
DENIED		0	33	33
Denied Administrative		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	30	30
90937	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	13	29	42
APPROVED		13	0	13
DENIED		0	29	29
Denied Administrative		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	27	27
90945	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	5	5	10
APPROVED		5	0	5
DENIED		0	5	5
Denied Non Participating Provider		0	5	5
90947	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	5	4	9
APPROVED		5	0	5
DENIED		0	4	4
Denied Non Participating Provider		0	4	4
90960	ESRD RELATED SVC MONTHLY 20 and OR GT YR OLD 4 OR GT VI	3	0	3
APPROVED		3	0	3
90961	ESRD RELATED SVC MONTHLY 20 OR GT YR OLD 2/3 VISITS	4	0	4

APPROVED			4	0	4
90962	ESRD RELATED SVC MONTHLY 20 and OR GT YR OLD 1 VISIT		3	0	3
APPROVED			3	0	3
90966	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD		3	0	3
APPROVED			3	0	3
90989	DIALYSIS TRAINING PATIENT COMPLETED COURSE		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
90993	DIALYSIS TRAINING PATIENT PER TRAINING SESSION		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
90999	UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT		25	43	68
APPROVED			25	0	25
DENIED			0	43	43
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	40	40
91010	ESOPHAGEAL MOTILITY STUDY W/INTERP and RPT		1	0	1
APPROVED			1	0	1
91038	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92002	OPHTH MEDICAL XM AND EVAL INTERMEDIATE NEW PT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92004	OPHTH MEDICAL XM and EVAL COMPRE NEW PT 1 OR GT VST		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
92012	OPHTH MEDICAL XM AND EVAL INTERMEDIATE ESTAB PT		1	4	5
APPROVED			1	0	1
DENIED			0	4	4
Denied Non Participating Provider			0	4	4
92014	OPHTH MEDICAL XM and EVAL COMPRHNSV ESTAB PT 1 OR GT		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92060	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I and R SPX		1	0	1
APPROVED			1	0	1
92071	FIT CONTACT LENS TX OCULAR SURFACE DISEASE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92082	VISUAL FIELD XM UNI/BI W/INTERP INTERMED EXAM		1	0	1
APPROVED			1	0	1
92083	VISUAL FIELD XM UNI/BI W/INTERP EXTENDED EXAM		3	3	6
APPROVED			3	0	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE		1	0	1

APPROVED			1	0	1
92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
92136	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92235	FLUORESCIN ANGRPH W/MULTIFRAME I and R UNI/BI		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION and REPORT		0	3	3
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
92273	FULL FIELD ELECTRORETINOGRAPHY W/I and R		1	0	1
APPROVED			1	0	1
92284	DARK ADAPTATION XM W/INTERPRETATION and REPORT		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92313	RX AND FITG CORNEOSCLERAL LENS		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
92507	TX SPEECH LANG VOICE COMMJ and /AUDITORY PROC IND		83	59	142
APPROVED			83	0	83
DENIED			0	59	59
Denied Medical Necessity Criteria Not Met Medical Director			0	54	54
Denied Non Participating Provider			0	4	4
Denied Not a Covered Benefit			0	1	1
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GT INDIV		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92524	BEHAVIORAL AND QUALIT ANALYSIS VOICE AND RESONANCE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92526	TX SWALLOWING DYSFUNCTION and /ORAL FUNCJ FEEDING		20	14	34
APPROVED			20	0	20
DENIED			0	14	14
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
92537	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL		1	0	1
APPROVED			1	0	1
92540	VSTBLR FUNCJ NYSTAG FOVL AND PERPH STIMJ OSCIL TRK		1	0	1
APPROVED			1	0	1
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING		1	0	1
APPROVED			1	0	1
92548	CDP-SOT 6 CONDITIONS W/INTERPRETATION and REPORT		1	0	1
APPROVED			1	0	1
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS		2	0	2

APPROVED			2	0	2
92553	PURE TONE AUDIOMETRY AIR AND BONE		4	0	4
APPROVED			4	0	4
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ		4	0	4
APPROVED			4	0	4
92557	COMPRES AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92565	STENGER TEST PURE TONE		2	0	2
APPROVED			2	0	2
92567	Tympanometry		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92579	VISUAL REINFORCEMENT AUDIOMETRY		1	0	1
APPROVED			1	0	1
92585	AUDITORY EVOKED POTENTIALS COMPREHENSIVE		2	0	2
APPROVED			2	0	2
92586	AUDITORY EVOKED POTENTIALS LIMITED		1	0	1
APPROVED			1	0	1
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92601	ANALYSIS COCHLEAR IMPLT PT LT 7 YR PRGRMG		1	0	1
APPROVED			1	0	1
92602	ANALYSIS COCHLEAR IMPLT PT LT 7 YR SBSQ REPRGRMG		1	0	1
APPROVED			1	0	1
92610	EVAL ORAL AND PHARYNGEAL SWLNG FUNCJ		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
92611	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
92626	EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR		2	0	2
APPROVED			2	0	2
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH		1	0	1
APPROVED			1	0	1
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL		1	0	1
APPROVED			1	0	1
92978	ENDOLUMINAL CORONARY IVUS OCT I AND R INITIAL VESSEL		1	0	1
APPROVED			1	0	1
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL		1	0	1
APPROVED			1	0	1
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I and R		15	21	36
APPROVED			15	0	15
DENIED			0	21	21
Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
Denied Non Participating Provider			0	3	3

93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I and R	25	2	27
APPROVED		25	0	25
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
93010	ECG ROUTINE ECG W/LEAST 12 LDS I and R ONLY	14	0	14
APPROVED		14	0	14
93015	CV STRS TST XERS and /OR RX CONT ECG W/SI and R	261	132	393
APPROVED		261	0	261
DENIED		0	132	132
Denied Medical Necessity Criteria Not Met Medical Director		0	129	129
Denied Non Participating Provider		0	3	3
93016	CV STRS TST XERS and /OR RX CONT ECG W/O I and R	28	10	38
APPROVED		28	0	28
DENIED		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	10	10
93017	CV STRS TST XERS and /OR RX CONT ECG TRCG ONLY	23	6	29
APPROVED		23	0	23
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
93018	CV STRS TST XERS and /OR RX CONT ECG I and R ONLY	36	17	53
APPROVED		36	0	36
DENIED		0	17	17
Denied Medical Necessity Criteria Not Met Medical Director		0	17	17
93041	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I and R	19	0	19
APPROVED		19	0	19
93224	XTRNL ECG and 48 HR RECORD SCAN STOR W/R and I	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93225	XTRNL ECG AND 48 HR RECORDING	1	0	1
APPROVED		1	0	1
93226	EXTERNAL ECG SCANNING ANALYSIS REPORT	2	0	2
APPROVED		2	0	2
93227	XTRNL ECG CONTINUOUS RHYTHM W/I and R UP TO 48 HRS	2	0	2
APPROVED		2	0	2
93228	XTRNL MOBILE CV TELEMETRY W/I and REPORT 30 DAYS	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	28	4	32
APPROVED		28	0	28
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	1	1
93268	XTRNL PT ACTIV ECG TRANSMIS W/R and I LT 30 DAYS	2	0	2
APPROVED		2	0	2
93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	1	0	1
APPROVED		1	0	1
93286	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	1	0	1
APPROVED		1	0	1

93288	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	1	0	1
APPROVED		1	0	1
93289	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	1	0	1
APPROVED		1	0	1
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	1	0	1
APPROVED		1	0	1
93294	REM INTERROG PM/LDLS PM LT 90 D PHYS/QHP	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93295	INTERROGATION EVAL REMOTE LT 90 D 1/2/MLT LD DFB	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93296	REM INTERROG PM/LDLS PM/IDS LT 90 D TECH REVIEW	3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	2	2
93297	REM INTERROG ICPMS LT 30 D PHYS/QHP	0	2	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	9	2	11
APPROVED		9	0	9
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	7	0	7
APPROVED		7	0	7
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC and COLR D	108	49	157
APPROVED		108	0	108
DENIED		0	49	49
Denied Medical Necessity Criteria Not Met Medical Director		0	33	33
Denied Non Participating Provider		0	16	16
93307	ECHO TRANSTHORAC R-T 2D W/VO M-MODE REC COMP	33	1	34
APPROVED		33	0	33
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
93308	ECHO TRANSTHORC R-T 2D W/VO M-MODE REC F-UP/LMTD	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I and R	9	2	11
APPROVED		9	0	9
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93321	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	7	2	9

APPROVED		7	0	7
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
93350	ECHO TTHRC R-T 2D W/VO M-MODE COMPLETE REST and ST	6	0	6
APPROVED		6	0	6
93351	ECHO TTHRC R-T 2D W/VO M-MODE REST and STRS CONT ECG	16	7	23
APPROVED		16	0	16
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
Denied Non Participating Provider		0	2	2
93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
93356	MYOCDR STRAIN IMG SPECKLE TRCK ASSMT MYOCDR MECH	2	0	2
APPROVED		2	0	2
93451	RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT	5	6	11
APPROVED		5	0	5
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S and I	3	6	9
APPROVED		3	0	3
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
93453	R and L HRT CATH W/NJX L VENTRICULOG IMG S and I	4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
93458	CATH PLMT L HRT and ARTS W/NJX and ANGIO IMG S and I	16	8	24
APPROVED		16	0	16
DENIED		0	8	8
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
Denied Non Participating Provider		0	1	1
93460	R AND L HRT CATH WINJX HRT ART AND L VENTR IMG	7	2	9
APPROVED		7	0	7
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
93505	ENDOMYOCARDIAL BIOPSY	10	0	10
APPROVED		10	0	10
93533	CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN	3	0	3
APPROVED		3	0	3
93571	IV DOP VEL and /OR PRESS C/FLO RSRV MEAS 1ST VSL	1	0	1
APPROVED		1	0	1
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	1	0	1
APPROVED		1	0	1
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93622	COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	1	0	1
APPROVED		1	0	1
93623	PROGRAMMED STIMJ AND PACG AFTER IV DRUG NFS	1	1	2

APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93641	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN		1	0	1
APPROVED			1	0	1
93653	EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA		1	0	1
APPROVED			1	0	1
93654	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA		1	0	1
APPROVED			1	0	1
93655	ICAR CATHETER ABLATION ARRHYTHMIA ADD ON		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN		1	0	1
APPROVED			1	0	1
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S and I		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR		1	0	1
APPROVED			1	0	1
93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING		3	3	6
APPROVED			3	0	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY		11	6	17
APPROVED			11	0	11
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	4	4
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS		9	2	11
APPROVED			9	0	9
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY		15	10	25
APPROVED			15	0	15
DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	7	7
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	1	0	1
APPROVED		1	0	1
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	13	7	20
APPROVED		13	0	13
DENIED		0	7	7
Denied Non Participating Provider		0	7	7
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	6	2	8
APPROVED		6	0	6
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT and /RPR ORGN COM	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT and /RPR ORGN LMT	1	0	1
APPROVED		1	0	1
93985	DUPLEX SCAN ARTL INFL and VEN O/F HEMO COMPL BI STD	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93986	DUPLEX SCAN ARTL INFL and VEN O/F HEMO COMPL UNI STD	5	0	5
APPROVED		5	0	5
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	40	4	44
APPROVED		40	0	40
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	3	3
94060	BRNCDILAT RSPSE SPMTRY PRE AND POST-BRNCDILAT ADMN	28	5	33
APPROVED		28	0	28
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	4	4
94070	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
94200	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	2	0	2
APPROVED		2	0	2
94375	Respiratory flow volume loop	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
94617	XERS TST BRNCSPSM PRE and POST SPMTRY and PLS OX W/ECG	1	0	1
APPROVED		1	0	1
94618	PULMONARY STRESS TESTING	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

94620	PULMONARY STRESS TESTING SIMPLE	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
94621	CARDIOPULMONARY EXERCISE TESTING	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
94642	PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH	1	0	1
APPROVED		1	0	1
94664	DEMO and /EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
94726	PLETHYMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	21	3	24
APPROVED		21	0	21
DENIED		0	3	3
Denied Non Participating Provider		0	3	3
94727	GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT and V	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
94729	CO DIFFUSING CAPACITY	26	4	30
APPROVED		26	0	26
DENIED		0	4	4
Denied Non Participating Provider		0	4	4
94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	2	0	2
APPROVED		2	0	2
94799	UNLISTED PULMONARY SERVICE/PROCEDURE	4	4	8
APPROVED		4	0	4
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	1	0	1
APPROVED		1	0	1
95070	INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	1	0	1
APPROVED		1	0	1
95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	30	25	55
APPROVED		30	0	30
DENIED		0	25	25
Denied Medical Necessity Criteria Not Met Medical Director		0	22	22
Denied Non Participating Provider		0	3	3
95705	EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	0	1	1

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
95706	EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
95708	EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
95709	EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR		5	3	8
APPROVED			5	0	5
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING		4	5	9
APPROVED			4	0	4
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	2	2
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED		10	10	20
APPROVED			10	0	10
DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR		18	12	30
APPROVED			18	0	18
DENIED			0	12	12
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
Denied Non Participating Provider			0	2	2
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR		3	8	11
APPROVED			3	0	3
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
95717	EEG PHYS/QHP 2-12 HR WITHOUT VIDEO		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
95718	EEG PHYS/QHP 2-12 HR WITH VEEG		6	8	14
APPROVED			6	0	6
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	2	2
95719	EEG PHYS/QHP EA INCR GT 12HR LT 26HR AFTER 24HR WO VID		4	6	10
APPROVED			4	0	4
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
95720	EEG PHYS/QHP EA INCR GT 12HR LT 26HR AFTER 24HR W/VEEG		24	18	42
APPROVED			24	0	24
DENIED			0	18	18
Denied Medical Necessity Criteria Not Met Medical Director			0	16	16

Denied Non Participating Provider			0	2	2
95721	EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/O VIDEO		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
95722	EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/VEEG		4	4	8
APPROVED			4	0	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
95723	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/O VIDEO		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
95724	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/VEEG		14	12	26
APPROVED			14	0	14
DENIED			0	12	12
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME		26	0	26
APPROVED			26	0	26
95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL		1	0	1
APPROVED			1	0	1
95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG		3	0	3
APPROVED			3	0	3
95806	SLEEP STD AIRFLOW HRT RATE AND O2 SAT EFFORT UNATT		28	4	32
APPROVED			28	0	28
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
95810	POLYSOM 6 OR GT YRS SLEEP 4 OR GT ADDL PARAM ATTND		184	29	213
APPROVED			184	0	184
DENIED			0	29	29
Denied Additional Information Not Received			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
Denied Non Participating Provider			0	13	13
95811	POLYSOM 6 OR GT YRS SLEEP W/CPAP 4 OR GT ADDL PARAM ATTND		183	18	201
APPROVED			183	0	183
DENIED			0	18	18
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
Denied Non Participating Provider			0	10	10
95813	EEG EXTENDED MONITORING 61-119 MINUTES		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
95816	ELECTROENCEPHALOGRAM W/REC AWAKE and DROWSY		1	4	5
APPROVED			1	0	1
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
95819	ELECTROENCEPHALOGRAM W/REC AWAKE and ASLEEP		2	0	2
APPROVED			2	0	2
95831	MUSC TSTG MNL W REPRT XTR EX HAND TRNK		0	2	2

DENIED			0	2	2
Denied Non Participating Provider			0	2	2
95851	ROM MEAS and REPT EA XTR EX HAND/EA TRNK SCTJ SPI		6	2	8
APPROVED			6	0	6
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
95861	NDL EMG 2 XTR W/VO RELATED PARASPINAL AREAS		12	0	12
APPROVED			12	0	12
95863	NDL EMG 3 XTR W/VO RELATED PARASPINAL AREAS		1	0	1
APPROVED			1	0	1
95864	NDL EMG 4 XTR W/VO RELATED PARASPINAL AREAS		1	0	1
APPROVED			1	0	1
95865	NEEDLE ELECTROMYOGRAPHY LARYNX		8	0	8
APPROVED			8	0	8
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI		1	0	1
APPROVED			1	0	1
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI		8	0	8
APPROVED			8	0	8
95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI		2	0	2
APPROVED			2	0	2
95872	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER		1	0	1
APPROVED			1	0	1
95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED		3	0	3
APPROVED			3	0	3
95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE		19	5	24
APPROVED			19	0	19
DENIED			0	5	5
Denied Non Participating Provider			0	5	5
95887	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION		4	0	4
APPROVED			4	0	4
95907	NERVE CONDUCTION STUDIES 1-2 STUDIES		4	0	4
APPROVED			4	0	4
95908	NERVE CONDUCTION STUDIES 3-4 STUDIES		2	0	2
APPROVED			2	0	2
95909	NERVE CONDUCTION STUDIES 5-6 STUDIES		1	0	1
APPROVED			1	0	1
95910	NERVE CONDUCTION STUDIES 7-8 STUDIES		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
95911	NERVE CONDUCTION STUDIES 9-10 STUDIES		11	0	11
APPROVED			11	0	11
95912	NERVE CONDUCTION STUDIES 11-12 STUDIES		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
95913	NERVE CONDUCTION STUDIES 13 OR GT STUDIES		6	3	9
APPROVED			6	0	6
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
95925	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS		3	1	4

APPROVED		3	0	3
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
95927	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	5	0	5
APPROVED		5	0	5
95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	11	0	11
APPROVED		11	0	11
95938	SHORT-LATENCY SOMATOSENS EP STD UPR AND LOW LIMB	12	0	12
APPROVED		12	0	12
95939	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR AND LOW LI	11	0	11
APPROVED		11	0	11
95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	11	0	11
APPROVED		11	0	11
95941	IONM REMOTE/NEARBY OR GT 1 PATIENT IN OR PER HOUR	6	0	6
APPROVED		6	0	6
95951	LOCALIZE CEREBRAL SEIZURE CABLE RADIO EEG VIDEO	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	2	12	14
APPROVED		2	0	2
DENIED		0	12	12
Denied Medical Necessity Criteria Not Met Medical Director		0	12	12
95999	UNLIS NEUROLOGICAL/NEUROMUSCULAR DX PX	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
96020	TEST SELECT and ADMN FUNCTL BRAIN MAP PHYS/QHP	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
96116	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	16	2	18
APPROVED		16	0	16
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
96121	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	8	2	10
APPROVED		8	0	8
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
96130	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	30	5	35
APPROVED		30	0	30
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
96131	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	26	17	43
APPROVED		26	0	26
DENIED		0	17	17
Denied Medical Necessity Criteria Not Met Medical Director		0	17	17
96132	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	37	8	45
APPROVED		37	0	37
DENIED		0	8	8
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8

96133	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	22	6	28
APPROVED		22	0	22
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
96136	PSYL/NRPSYCL TST PHYS/QHP 2 Plus TST 1ST 30 MIN	46	7	53
APPROVED		46	0	46
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
96137	PSYCL/NRPSYCL TST PHYS/QHP 2 Plus TST EA ADDL 30 MIN	43	20	63
APPROVED		43	0	43
DENIED		0	20	20
Denied Medical Necessity Criteria Not Met Medical Director		0	20	20
96138	PSYCL/NRPSYCL TST TECH 2 Plus TST 1ST 30 MIN	25	4	29
APPROVED		25	0	25
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
96139	PSYCL/NRPSYCL TST TECH 2 Plus TST EA ADDL 30 MIN	16	3	19
APPROVED		16	0	16
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
96146	PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT	1	0	1
APPROVED		1	0	1
96152	HLTH AND BEHAVIOR IVNTJ EA 15 MIN INDIV	4	0	4
APPROVED		4	0	4
96154	HLTH AND BEHAVIOR IVNTJ EA 15 MIN FAM W PT	3	0	3
APPROVED		3	0	3
96159	HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	1	0	1
APPROVED		1	0	1
96164	HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	4	0	4
APPROVED		4	0	4
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	1	0	1
APPROVED		1	0	1
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	8	1	9
APPROVED		8	0	8
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
96367	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	2	0	2
APPROVED		2	0	2
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
Denied Not a Covered Benefit		0	1	1
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	25	15	40
APPROVED		25	0	25
DENIED		0	15	15
Denied Medical Necessity Criteria Not Met Medical Director		0	15	15

96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	9	2	11
APPROVED		9	0	9
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	1	0	1
APPROVED		1	0	1
96409	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	1	0	1
APPROVED		1	0	1
96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	1	0	1
APPROVED		1	0	1
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	5	0	5
APPROVED		5	0	5
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	2	0	2
APPROVED		2	0	2
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	2	0	2
APPROVED		2	0	2
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	2	0	2
APPROVED		2	0	2
96446	CHEMOTX ADMN PRTL CAVITY PORT/CATH	1	0	1
APPROVED		1	0	1
96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
96521	REFILLING AND MAINTENANCE PORTABLE PUMP	1	0	1
APPROVED		1	0	1
96567	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	1	0	1
APPROVED		1	0	1
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	1	0	1
APPROVED		1	0	1
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
96910	PHOTOCHEMOTX TAR and UVB/PETROLATUM/UVB	3	0	3
APPROVED		3	0	3
97010	APPLICATION MODALITY 1 OR GT AREAS HOT/COLD PACKS	586	212	798
APPROVED		586	0	586
DENIED		0	212	212
Denied Benefit limits exceeded		0	11	11
Denied for No Pre-authorization		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	197	197
Denied Non Participating Provider		0	1	1
97012	APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL	522	211	733
APPROVED		522	0	522
DENIED		0	211	211
Denied Additional Information Not Received		0	1	1
Denied Benefit limits exceeded		0	9	9
Denied for No Pre-authorization		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	197	197
Denied Non Participating Provider		0	2	2
97014	APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED	921	303	1224

APPROVED			921	0	921
DENIED			0	303	303
Denied Additional Information Not Received			0	1	1
Denied Benefit limits exceeded			0	11	11
Denied for No Pre-authorization			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	275	275
Denied Non Participating Provider			0	8	8
97016	APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES		163	49	212
APPROVED			163	0	163
DENIED			0	49	49
Denied Additional Information Not Received			0	1	1
Denied Benefit limits exceeded			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	37	37
Denied Non Participating Provider			0	7	7
Denied Not a Covered Benefit			0	1	1
97018	APPL MODALITY 1 OR GT AREAS PARAFFIN BATH		43	15	58
APPROVED			43	0	43
DENIED			0	15	15
Denied Medical Necessity Criteria Not Met Medical Director			0	15	15
97022	APPLICATION MODALITY 1 OR GT AREAS WHIRLPOOL		26	14	40
APPROVED			26	0	26
DENIED			0	14	14
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
97024	APPLICATION MODALITY 1 OR GT AREAS DIATHERMY		2	4	6
APPROVED			2	0	2
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	2	2
97026	APPLICATION MODALITY 1 OR GT AREAS INFRARED		19	3	22
APPROVED			19	0	19
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
97032	APPL MODALITY 1 OR GT AREAS ELEC STIMJ EA 15 MIN		482	191	673
APPROVED			482	0	482
DENIED			0	191	191
Denied Benefit limits exceeded			0	8	8
Denied for No Pre-authorization			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	174	174
Denied Non Participating Provider			0	5	5
Denied Not a Covered Benefit			0	1	1
97033	APPL MODALITY 1 OR GT AREAS IONTOPHORESIS EA 15 MIN		6	5	11
APPROVED			6	0	6
DENIED			0	5	5
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
97034	APPL MODALITY 1 OR GT AREAS CONTRAST BATHS EA 15 MIN		1	0	1
APPROVED			1	0	1
97035	APPL MODALITY 1 OR GT AREAS ULTRASOUND EA 15 MIN		1034	390	1424
APPROVED			1034	0	1034
DENIED			0	390	390
Denied Additional Information Not Received			0	1	1

Denied Benefit limits exceeded			0	16	16
Denied for No Pre-authorization			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	350	350
Denied Non Participating Provider			0	16	16
97036	APPL MODALITY 1 OR GT AREAS HUBBARD TANK EA 15 MIN		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND		0	2	2
DENIED			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97110	THERAPEUTIC PX 1 OR GT AREAS EACH 15 MIN EXERCISES		3075	1187	4262
APPROVED			3075	0	3075
DENIED			0	1187	1187
Denied Additional Information Not Received			0	8	8
Denied Benefit limits exceeded			0	52	52
Denied for No Pre-authorization			0	21	21
Denied Medical Necessity Criteria Not Met Medical Director			0	1062	1062
Denied Non Participating Provider			0	43	43
Denied Not a Covered Benefit			0	1	1
97112	THER PX 1 OR GT AREAS EACH 15 MIN NEUROMUSC REEDUCA		1854	682	2536
APPROVED			1854	0	1854
DENIED			0	682	682
Denied Additional Information Not Received			0	2	2
Denied Benefit limits exceeded			0	20	20
Denied for No Pre-authorization			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	621	621
Denied Non Participating Provider			0	30	30
Denied Not a Covered Benefit			0	1	1
97113	THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS		12	60	72
APPROVED			12	0	12
DENIED			0	60	60
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	15	15
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	43	43
97116	THER PX 1 OR GT AREAS EA 15 MIN GAIT TRAING W/STAIR		835	299	1134
APPROVED			835	0	835
DENIED			0	299	299
Denied Benefit limits exceeded			0	8	8
Denied for No Pre-authorization			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	280	280
Denied Non Participating Provider			0	7	7
97124	THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE		89	23	112
APPROVED			89	0	89
DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	22	22
Denied Non Participating Provider			0	1	1
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES		7	4	11
APPROVED			7	0	7
DENIED			0	4	4

Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES		7	5	12
APPROVED			7	0	7
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	1	1
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
97140	MANUAL THERAPY TQS 1 OR GT REGIONS EACH 15 MINUTES		2473	932	3405
APPROVED			2473	0	2473
DENIED			0	932	932
Denied Additional Information Not Received			0	1	1
Denied Benefit limits exceeded			0	28	28
Denied for No Pre-authorization			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	854	854
Denied Non Participating Provider			0	36	36
97150	THERAPEUTIC PROCEDURES GROUP 2 OR GT INDIVIDUALS		152	145	297
APPROVED			152	0	152
DENIED			0	145	145
Denied Benefit limits exceeded			0	2	2
Denied for No Pre-authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	137	137
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	3	3
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN		8	0	8
APPROVED			8	0	8
97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN		3	0	3
APPROVED			3	0	3
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN		6	0	6
APPROVED			6	0	6
97155	ADAPT BHV TX PRCTL MODIFICAJ PHYS/QHP EA 15 MIN		6	0	6
APPROVED			6	0	6
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN		6	0	6
APPROVED			6	0	6
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS		33	7	40
APPROVED			33	0	33
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	6	6
97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS		22	5	27
APPROVED			22	0	22
DENIED			0	5	5
Denied Non Participating Provider			0	5	5
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS		6	2	8
APPROVED			6	0	6
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS		896	34	930
APPROVED			896	0	896
DENIED			0	34	34
Denied Benefit limits exceeded			0	7	7

Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
Denied Non Participating Provider			0	7	7
97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS		2	0	2
APPROVED			2	0	2
97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS		55	3	58
APPROVED			55	0	55
DENIED			0	3	3
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
97170	ATHLETIC TRAINING EVAL MOD COMPLEX 30 MINS		1	0	1
APPROVED			1	0	1
97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN		1759	672	2431
APPROVED			1759	0	1759
DENIED			0	672	672
Denied Additional Information Not Received			0	2	2
Denied Benefit limits exceeded			0	21	21
Denied for No Pre-authorization			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	611	611
Denied Non Participating Provider			0	27	27
Denied Not a Covered Benefit			0	1	1
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES		3	3	6
APPROVED			3	0	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES		596	254	850
APPROVED			596	0	596
DENIED			0	254	254
Denied Additional Information Not Received			0	1	1
Denied Benefit limits exceeded			0	7	7
Denied for No Pre-authorization			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	233	233
Denied Non Participating Provider			0	7	7
Denied Not a Covered Benefit			0	1	1
97537	COMMUNITY/WORK REINTEGRATION TRAINING EA 15 MIN		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
97542	WHEELCHAIR MGMT EA 15 MIN		18	9	27
APPROVED			18	0	18
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9

97597	DEBRIDEMENT OPEN WOUND 20 SQ CM OR LT	15	8	23
APPROVED		15	0	15
DENIED		0	8	8
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
Denied Non Participating Provider		0	2	2
97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	13	7	20
APPROVED		13	0	13
DENIED		0	7	7
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
Denied Non Participating Provider		0	2	2
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	7	6	13
APPROVED		7	0	7
DENIED		0	6	6
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
97605	NEGATIVE PRESSURE WOUND THERAPY DME LT or equal to 50 SQ	1	0	1
APPROVED		1	0	1
97607	NEG PRESSURE WOUND THERAPY NON DME LT or equal to 50 SQ	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
97608	NEG PRESSURE WOUND THERAPY NON DME GT 50 SQ CM	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	136	60	196
APPROVED		136	0	136
DENIED		0	60	60
Denied Benefit limits exceeded		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	54	54
Denied Non Participating Provider		0	4	4
97760	ORTHOTICS MGMT AND TRAING INITIAL ENCTR EA 15 MINS	50	32	82
APPROVED		50	0	50
DENIED		0	32	32
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	29	29
Denied Non Participating Provider		0	2	2
97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	11	8	19
APPROVED		11	0	11
DENIED		0	8	8
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
97762	CHECKOUT ORTHOTIC PROSTHETIC ESTAB PT EA 15 MIN	1	0	1
APPROVED		1	0	1
97763	ORTHOTICS/PROSTH MGMT and /TRAING SBSQ ENCTR 15 MIN	3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	2	2
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	43	23	66
APPROVED		43	0	43

DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	23	23
97802	MEDICAL NUTRITION ASSMT AND IVNTJ INDIV EACH 15 MI		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
97803	MEDICAL NUTRITION RE-ASSMT AND IVNTJ INDIV EA 15 M		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS		0	1	1
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS		11	5	16
APPROVED			11	0	11
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	1	1
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS		16	7	23
APPROVED			16	0	16
DENIED			0	7	7
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1 OR GT REGION		6	4	10
APPROVED			6	0	6
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
98966	NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
98967	NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
98968	NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
98972	QNHP OL DIGITAL ASSMT and MGMT EST PT LT 7 D 21 Plus MIN		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX		12	0	12
APPROVED			12	0	12
99060	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC		1	0	1
APPROVED			1	0	1
99070	SUPPLIES and MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2

99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5 OR GT YRS	8	1	9
APPROVED		8	0	8
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
99183	PHYS/QHP ATTN and SUPVJ HYPRBARIC OXYGEN TX/SESSION	25	10	35
APPROVED		25	0	25
DENIED		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	9	9
Denied Not a Covered Benefit		0	1	1
99195	PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	1	0	1
APPROVED		1	0	1
99201	OFFICE OUTPATIENT NEW 10 MINUTES	10	4	14
APPROVED		10	0	10
DENIED		0	4	4
Denied Non Participating Provider		0	4	4
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	11	4	15
APPROVED		11	0	11
DENIED		0	4	4
Denied for No Pre-authorization		0	1	1
Denied Non Participating Provider		0	3	3
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	40	20	60
APPROVED		40	0	40
DENIED		0	20	20
Denied for No Pre-authorization		0	2	2
Denied Non Participating Provider		0	18	18
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	42	39	81
APPROVED		42	0	42
DENIED		0	39	39
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	36	36
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	45	25	70
APPROVED		45	0	45
DENIED		0	25	25
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
Denied Non Participating Provider		0	20	20
99211	OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)	35	10	45
APPROVED		35	0	35
DENIED		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	8	8
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	38	14	52
APPROVED		38	0	38
DENIED		0	14	14
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	11	11
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	159	40	199
APPROVED		159	0	159
DENIED		0	40	40

Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	35	35
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN		229	65	294
APPROVED			229	0	229
DENIED			0	65	65
Denied Benefit limits exceeded			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied for No Pre-authorization			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	55	55
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN		154	48	202
APPROVED			154	0	154
DENIED			0	48	48
Denied Additional Information Not Received			0	1	1
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	40	40
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES		13	0	13
APPROVED			13	0	13
99221	INITIAL HOSPITAL CARE/DAY 30 MINUTES		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	1	1
99223	INITIAL HOSPITAL CARE/DAY 70 MINUTES		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99232	SBSQ HOSPITAL CARE/DAY 25 MINUTES		1	0	1
APPROVED			1	0	1
99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES		4	0	4
APPROVED			4	0	4
99241	OFFICE CONSULTATION NEW/ESTAB PATIENT 15 MIN		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99242	OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99243	OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN		6	4	10
APPROVED			6	0	6
DENIED			0	4	4
Denied Non Participating Provider			0	4	4
99244	OFFICE CONSULTATION NEW/ESTAB PATIENT 60 MIN		39	30	69
APPROVED			39	0	39
DENIED			0	30	30
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	28	28
99245	OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN		47	21	68
APPROVED			47	0	47

DENIED			0	21	21
Denied Elective Service - Out of Area/Non-contract provider			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
Denied Non Participating Provider			0	4	4
99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99306	INITIAL NURSING FACILITY CARE/DAY 45 MINUTES		1	0	1
APPROVED			1	0	1
99307	SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN		1	0	1
APPROVED			1	0	1
99308	SBSQ NURSING FACIL CARE/DAY MINOR COMPLJ 15 MIN		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
99309	SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
99310	SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99316	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES		1	0	1
APPROVED			1	0	1
99344	HOME VISIT NEW PATIENT HI SEVERITY 60 MINUTES		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99345	HOME VISIT NEW PT UNSTABL/SIGNIF NEW PROB 75 MIN		1	0	1
APPROVED			1	0	1
99347	HOME VISIT EST PT SELF LIMITED/MINOR 15 MINUTES		1	0	1
APPROVED			1	0	1
99349	HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES		2	0	2
APPROVED			2	0	2
99350	HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS		2	0	2
APPROVED			2	0	2
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS		1	0	1
APPROVED			1	0	1
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT LT 1Y		2	0	2
APPROVED			2	0	2
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS		1	0	1
APPROVED			1	0	1
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS		1	0	1
APPROVED			1	0	1
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS AND OLDER		2	0	2
APPROVED			2	0	2
99422	ONLINE DIGITAL E/M SVC EST PT LT 7 D 11-20 MINUTES		1	0	1
APPROVED			1	0	1
99423	ONLINE DIGITAL E/M SVC EST PT LT 7 D 21 Plus MINUTES		0	1	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99448	NTRPROF PHONE/NTRNET/EHR ASSMT and MGMT 21-30 MIN		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99454	REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D		4	0	4
APPROVED			4	0	4
99457	REMOTE PHYSIOLOGIC MONITORING 1ST 20 MIN MONTH		4	0	4
APPROVED			4	0	4
99487	COMPLEX CHRONIC CARE MANAGEMENT SVC 1ST 60 MIN		4	0	4
APPROVED			4	0	4
99489	COMPLEX CHRONIC CARE MGMT SERVICE EA ADDL 30 MIN		4	0	4
APPROVED			4	0	4
99495	TRANSITIONAL CARE MANAGE SRVC 14 DAY DISCHARGE		2	0	2
APPROVED			2	0	2
99496	TRANSITIONAL CARE MANAGE SRVC 7 DAY DISCHARGE		2	0	2
APPROVED			2	0	2
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE		35	9	44
APPROVED			35	0	35
DENIED			0	9	9
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	4	4
99500	HOME VISIT PRENATAL MONITORING AND ASSESSMENT		1	0	1
APPROVED			1	0	1
99509	HOME VISIT ASSISTANCE DAILY LIV AND PRSONAL CARE		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
99510	HOME VISIT INDIV FAM/MARRIAGE COUNSELING		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99512	HOME VISIT HEMODIALYSIS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99601	HOME NFS/SPECTY DRUG ADMN PR VST LT 2 HR		10	2	12
APPROVED			10	0	10
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
99602	HOME NFS/SPECTY DRUG ADMN PR VST LT 2 HR EA HR		2	1	3

APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
99605	MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	1	0	1
APPROVED		1	0	1
A0382	BLS ROUTINE DISPOSABLE SUPPLIES	9	6	15
APPROVED		9	0	9
DENIED		0	6	6
Denied Non Participating Provider		0	3	3
Denied Not a Covered Benefit		0	3	3
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
A0420	AMBULANCE WAITING TIME ONE-HALF HOUR INCREMENTS	1	0	1
APPROVED		1	0	1
A0422	AMB OXYGEN AND O2 SUPPLIES LIFE SUSTAINING SITUATION	2	0	2
APPROVED		2	0	2
A0425	GROUND MILEAGE PER STATUTE MILE	60	31	91
APPROVED		60	0	60
DENIED		0	31	31
Denied Benefit limits exceeded		0	1	1
Denied for No Pre-authorization		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
Denied Non Participating Provider		0	12	12
Denied Not a Covered Benefit		0	10	10
A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	11	2	13
APPROVED		11	0	11
DENIED		0	2	2
Denied Benefit limits exceeded		0	1	1
Denied Non Participating Provider		0	1	1
A0427	AMB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1	2	0	2
APPROVED		2	0	2
A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	73	41	114
APPROVED		73	0	73
DENIED		0	41	41
Denied for No Pre-authorization		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	9	9
Denied Non Participating Provider		0	10	10
Denied Not a Covered Benefit		0	19	19
A0429	AMBULANCE SERVICE BLS EMERGENCY TRANSPORT	2	0	2
APPROVED		2	0	2
A0430	AMB SERVICE CONVTION AIR SRVC TRANSPORT 1 WAY	1	0	1
APPROVED		1	0	1
A0434	SPECIALTY CARE TRANSPORT	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
A4209	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH	1	0	1
APPROVED		1	0	1
A4212	NONCORING NEEDLE OR STYLET W/WO CATHETER	1	0	1
APPROVED		1	0	1

A4213	SYRINGE STERILE 20 CC OR GREATER EACH	2	0	2
APPROVED		2	0	2
A4215	NEEDLE STERILE ANY SIZE EACH	10	2	12
APPROVED		10	0	10
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
A4216	STERIL WATER SALINE and OR DXT DILUENT/FLUSH 10 ML	2	0	2
APPROVED		2	0	2
A4221	SUPPLIES FOR MAINT NON-INS RX INFUS CATH PER WK	7	0	7
APPROVED		7	0	7
A4222	INFUS SPL EXT RX INFUS PUMP CASSETTE/BAG	34	0	34
APPROVED		34	0	34
A4223	INFUS SPL NOT USED W/EXT INFUS PUMP CASSETTE/BAG	2	0	2
APPROVED		2	0	2
A4230	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
A4231	INFUSION SET EXTERNAL INSULIN PUMP NEEDLE TYPE	2	0	2
APPROVED		2	0	2
A4232	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
A4290	SACRAL NERVE STIMULATION TEST LEAD EACH	3	0	3
APPROVED		3	0	3
A4305	DISPBL DRUG DELIV SYSTEM FLOW RATE 50 ML OR GT - HOUR	2	0	2
APPROVED		2	0	2
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Denied Not a Covered Benefit		0	3	3
A4351	INTERMIT URIN CATH; STRAIGHT TIP W/WO COAT EA	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
A4353	INTERMIT URINARY CATHETER W/INSERTION SUPPLIES	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A4362	SKIN BARRIER; SOLID 4 FOUR OR EQUIVALENT; EACH	1	0	1
APPROVED		1	0	1
A4394	OSTOMY DEODORANT W/WO LUBRICANT POUCH PER FL OZ	1	0	1
APPROVED		1	0	1
A4405	OSTOMY SKIN BARRIER NONPECTIN-BASED PASTE-OZ	1	0	1
APPROVED		1	0	1
A4406	OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OUNCE	1	0	1
APPROVED		1	0	1
A4414	OST SKN BARRIER W/O BUILT-IN CONVXITY 4X4 IN OR LT EA	1	0	1
APPROVED		1	0	1
A4425	OST POUCH DRNABL; BARR NON-LOCK FLNGE W/FILTR EA	1	0	1
APPROVED		1	0	1
A4450	TAPE NON-WATERPROOF PER 18 SQUARE INCHES	1	1	2
APPROVED		1	0	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A4452	TAPE WATERPROOF PER 18 SQUARE INCHES		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
A4456	ADHESIVE REMOVER WIPES ANY TYPE EACH		1	0	1
APPROVED			1	0	1
A4465	NONELASTIC BINDER FOR EXTREMITY		1	0	1
APPROVED			1	0	1
A4554	DISPOSABLE UNDERPADS ALL SIZES		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Not a Covered Benefit			0	3	3
A4556	ELECTRODES PER PAIR		7	0	7
APPROVED			7	0	7
A4626	TRACHEOSTOMY CLEANING BRUSH EACH		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A4649	SURGICAL SUPPLY; MISCELLANEOUS		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
A4657	SYRINGE WITH OR WITHOUT NEEDLE EACH		1	0	1
APPROVED			1	0	1
A4670	AUTOMATIC BLOOD PRESSURE MONITOR		1	0	1
APPROVED			1	0	1
A4674	CHEMS/ANTISEPTICS SOL CLEAN/STERILIZE DIALY 8OZ		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A4690	DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS EACH		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A4706	BICARBONATE CONCENTRATE SOL HEMODIAL PER GALLON		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A4709	ACID CONCENTRATE SOLUTION HEMODIAL PER GALLON		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A4755	BLOOD TUBING ART AND VENOUS COMBINED HEMODIALYSIS EA		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A4890	CONTRACTS REPAIR AND MAINTENANCE HEMODIAL EQUIPMENT		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A5057	OST POUCH DRAINABL EXT WEAR BARR CONVXTY FLTR EA		1	0	1
APPROVED			1	0	1

A5120	SKIN BARRIER WIPES OR SWABS EACH	1	0	1
APPROVED		1	0	1
A5500	DIAB ONLY FIT CSTM PREP AND SPL SHOE MX DNSITY INSRT	0	2	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
A5512	FOR DIAB ONLY MX DNSITY INSRT DIR FORMD PRFAB EA	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A5513	DIA ONLY MX DEN INSRT CSTM FRM MDL PT FT CF EA	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A5514	DIAB ONLY MX DEN INSRT DIRECT CARV CUSTOM FAB EA	2	0	2
APPROVED		2	0	2
A6196	ALGINAT/OTH FIBER GELL DRESS STERIL PAD 16 SQ OR LT	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A6197	ALGINATE/OTH FIBER GELL DRESS PAD GT 16 LT or equal to 48	1	0	1
APPROVED		1	0	1
A6209	FOAM DRESS STERL PAD 16 SQ OR LT NO ADHES BORDR EA	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A6248	HYDROGEL DRESSING WOUND FILLER GEL PER FL OZ	0	1	1
DENIED		0	1	1
Denied for No Pre-authorization		0	1	1
A6252	SPCLTY ABSORB DRESS GT 16 LT or equal to 48 SQ W/O ADHES	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A6402	GAUZE NON-IMPREG STERL 16 SQ OR LT W/O ADHES BORDR	0	3	3
DENIED		0	3	3
Denied Non Participating Provider		0	3	3
A6446	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A6530	GRADIENT COMPRESSION STK BELW KNEE 18-30 MMHG EA	1	0	1
APPROVED		1	0	1
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE NOS	1	0	1
APPROVED		1	0	1
A6550	WND CARE SET NEG PRSS WND TX ELEC PUMP SPL	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A7000	CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A7030	FULL FACE MASK USED W/POS ARWAY PRESS DEVICE EA	0	3	3
DENIED		0	3	3
Denied Non Participating Provider		0	3	3
A7031	FACE MASK INTERFACE REPLCMT FULL FACE MASK EA	0	2	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
A7032	CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH	0	1	1
DENIED		0	1	1

Denied Non Participating Provider			0	1	1
A7033	PILLW NASL CANNULA TYPE INTERFCE REPL ONLY PAIR		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A7034	NASL INTRFCE POS ARWAY PRSS DEVC W/VO HEAD STRAP		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A7035	HEADGEAR USED W/POSITIVE AIRWAY PRESSURE DEVICE		0	3	3
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
A7036	CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEVICE		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
A7038	FILTER DISPBL USED W/POS ARWAY PRESSURE DEVICE		0	3	3
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
A7039	FILTER NON DISPBL USED W/POS ARWAY PRESS DEVICE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A7046	WATR CHAMB HUMDIFIR USED W/POS ARWAY PRSS DEVC R		0	3	3
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
A7507	FLTR HLDR and INTGR FLTR W/O ADHES TRACHEOSTMA EXCHG		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A7520	TRACHEOST/LARYNGECT TUBE NON-CUFFED POLYVINYLCHL		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EACH		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A9272	WND SUCT DISPBL DSG ALL ACC AND CMPNT ANY TYP EA		1	0	1
APPROVED			1	0	1
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA		13	0	13
APPROVED			13	0	13
A9282	WIG ANY TYPE EACH		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
A9500	TECHNETIUM TC-99M SESTAMIBI DX PER STUDY DOSE		189	86	275
APPROVED			189	0	189
DENIED			0	86	86
Denied Medical Necessity Criteria Not Met Medical Director			0	86	86
A9502	TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE		98	54	152
APPROVED			98	0	98
DENIED			0	54	54
Denied Medical Necessity Criteria Not Met Medical Director			0	54	54
A9503	TECHNETIUM TC-99M MEDRONATE DX UP TO 30 MCI		2	0	2
APPROVED			2	0	2
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI		4	0	4

APPROVED			4	0	4
A9552	FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI		29	7	36
APPROVED			29	0	29
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
A9555	RUBIDIUM RB-82 DX PER STUDY DOSE UP TO 60 MCI		18	24	42
APPROVED			18	0	18
DENIED			0	24	24
Denied Medical Necessity Criteria Not Met Medical Director			0	24	24
A9560	TECHNETIUM TC-99M LABELED RBC DX UP TO 30 MCI		1	0	1
APPROVED			1	0	1
A9579	INJECTION GADOLINIUM BASED MR CONTRAST NOS ML		1	0	1
APPROVED			1	0	1
A9582	IODINE I-123 IOBENGUANE DX STUDY DOSE TO 15 MCI		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A9585	INJECTION GADOBUTROL 0.1 ML		3	0	3
APPROVED			3	0	3
A9587	GALLIUM GA-68 DOTATATE DIAGNOSTIC 0.1 MILLICURIE		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A9588	FLUCICLOVINE F-18 DIAGNOSTIC 1 MILLICURIE		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS		9	2	11
APPROVED			9	0	9
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS		HCPCS - H0001-H2037 Alcohol & Drug Abuse Treatment H0001-H2037 Alcohol & Drug Abuse Treatment H0001-H2037 Alcohol & Drug Abuse Treatment	1	0	1
APPROVED			1	0	1
APS		Revenue Codes - 0001-9999 1000-1005 Behavioral Health Accommodations 1000-1005 Behavioral Health Accommodations	3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	3D Rendering Not on Independent Workstation	Auth - AI 3D Rendering Not On Independent Workstation (76376) 3D Rendering Not On Independent Workstation	6	14	20
APPROVED			6	0	6
DENIED			0	14	14
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
APS	3D Rendering On Independent Workstation	Auth - AI 3D Rendering On Independent Workstation (76377)	0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
APS	3D Rendering On Independent Workstation	Auth - AI 3D Rendering On Independent Workstation (76377) 3D Rendering On Independent Workstation	4	20	24

APPROVED			4	0	4
DENIED			0	20	20
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
APS	Behavioral Health Treatments/Service	Revenue Codes - 0001-9999 0230-0999 Ancillary 0900-0919	159	12	171
		Behavioral Health Treatments/Service			
APPROVED			159	0	159
DENIED			0	12	12
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
APS	Cardiovascular System Vascular Injection Procs - Intra-Arterial	CPT - 10000-69999 Surgery 33010-37799 Cardiovascular System 36100-36299 Vascular Injection Procs - Intra-Arterial	1	0	1
APPROVED			1	0	1
APS	CT Scan Ab+Pelvis	Auth - AI CT Ab+Pelvis (74176 - 78)	73	20	93
APPROVED			73	0	73
DENIED			0	20	20
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
APS	CT Scan Ab+Pelvis	Auth - AI CT Ab+Pelvis (74176 - 78) CT Abdomen+Pelvis	1905	510	2415
APPROVED			1905	0	1905
DENIED			0	510	510
Denied Medical Necessity Criteria Not Met Medical Director			0	510	510
APS	CT Scan Abdomen	Auth - AI CT Abdomen (74150, 74160, 74170)	6	4	10
APPROVED			6	0	6
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	CT Scan Abdomen	Auth - AI CT Abdomen (74150, 74160, 74170) CT Abdomen	262	107	369
APPROVED			262	0	262
DENIED			0	107	107
Denied Medical Necessity Criteria Not Met Medical Director			0	107	107
APS	CT Scan Abdomen	Auth - AI CT Angiography, Abdomen (74175, 74174) CT Angiography, Abdomen	29	5	34
APPROVED			29	0	29
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
APS	CT Scan Angiography, Abdominal Arteries	Auth - AI CT Angio, Ab Arteries (75635, 74174) CT Angiography, Abdominal Arteries	25	8	33
APPROVED			25	0	25
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
APS	CT Scan Angiography, Chest	Auth - AI CT Angiography, Chest (71275)	3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	CT Scan Angiography, Chest	Auth - AI CT Angiography, Chest (71275) CT Angiography, Chest	82	17	99
APPROVED			82	0	82
DENIED			0	17	17
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
APS	CT Scan Angiography, Head	Auth - AI CT Angiography, Head (70496) CT Angiography, Head	27	13	40
APPROVED			27	0	27
DENIED			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13

APS	CT Scan Angiography, Neck	Auth - AI CT Angiography, Neck (70498) CT Angiography, Neck	25	13	38
APPROVED			25	0	25
DENIED			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
APS	CT Scan Angiography, Pelvis	Auth - AI CT Angiography, Pelvis (72191, 74174) CT Angiography, Pelvis	13	1	14
APPROVED			13	0	13
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	CT Scan Cervical Spine	Auth - AI CT Cervical Spine (72125, 72126, 72127) CT Cervical Spine	31	47	78
APPROVED			31	0	31
DENIED			0	47	47
Denied Medical Necessity Criteria Not Met Medical Director			0	47	47
APS	CT Scan Chest	Auth - AI CT Chest (71250, 71260, 71270)	37	7	44
APPROVED			37	0	37
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
APS	CT Scan Chest	Auth - AI CT Chest (71250, 71260, 71270) CT Chest	1324	261	1585
APPROVED			1324	0	1324
DENIED			0	261	261
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	260	260
APS	CT Scan Guidance	Auth - AI CT Guidance (77011-77014) CT Guidance	1	0	1
APPROVED			1	0	1
APS	CT Scan Head/Brain	Auth - AI CT Head/Brain (70450, 70460, 70470)	5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	CT Scan Head/Brain	Auth - AI CT Head/Brain (70450, 70460, 70470) CT Head/Brain	299	209	508
APPROVED			299	0	299
DENIED			0	209	209
Denied Medical Necessity Criteria Not Met Medical Director			0	209	209
APS	CT Scan Lower Extremity	Auth - AI CT Angiography, Lower Extremity (73706) CT Angiography, Lower Extremity	2	4	6
APPROVED			2	0	2
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	CT Scan Lower Extremity	Auth - AI CT Lower Extremity (73700, 73701, 73702)	1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	CT Scan Lower Extremity	Auth - AI CT Lower Extremity (73700, 73701, 73702) CT Lower Extremity	75	34	109
APPROVED			75	0	75
DENIED			0	34	34
Denied Medical Necessity Criteria Not Met Medical Director			0	34	34
APS	CT Scan Lumbar Spine	Auth - AI CT Lumbar Spine (72131, 72132, 72133)	1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	CT Scan Lumbar Spine	Auth - AI CT Lumbar Spine (72131, 72132, 72133) CT Lumbar Spine	32	64	96
APPROVED			32	0	32

DENIED			0	64	64
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	63	63
APS	CT Scan Maxillofacial/Sinus	Auth - AI CT Maxillofacial/Sinus (70486, 70487, 70488)	6	3	9
APPROVED			6	0	6
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
APS	CT Scan Maxillofacial/Sinus	Auth - AI CT Maxillofacial/Sinus (70486, 70487, 70488) CT Maxillofacial/Sinus	273	47	320
APPROVED			273	0	273
DENIED			0	47	47
Denied Medical Necessity Criteria Not Met Medical Director			0	47	47
APS	CT Scan Orbit	Auth - AI CT Orbit (70480, 70481, 70482) CT Orbit	80	5	85
APPROVED			80	0	80
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
APS	CT Scan Pelvis	Auth - AI CT Pelvis (72192, 72193, 72194) CT Pelvis	43	15	58
APPROVED			43	0	43
DENIED			0	15	15
Denied Medical Necessity Criteria Not Met Medical Director			0	15	15
APS	CT Scan Soft Tissue Neck	Auth - AI CT Soft Tissue Neck (70490, 70491, 70492)	5	4	9
APPROVED			5	0	5
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	CT Scan Soft Tissue Neck	Auth - AI CT Soft Tissue Neck (70490, 70491, 70492) CT Soft Tissue Neck	234	59	293
APPROVED			234	0	234
DENIED			0	59	59
Denied Medical Necessity Criteria Not Met Medical Director			0	59	59
APS	CT Scan Thoracic Spine	Auth - AI CT Thoracic Spine (72128, 72129, 72130) CT Thoracic Spine	11	15	26
APPROVED			11	0	11
DENIED			0	15	15
Denied Medical Necessity Criteria Not Met Medical Director			0	15	15
APS	CT Scan Upper Extremity	Auth - AI CT Upper Extremity (73200, 73201, 73202)	1	0	1
APPROVED			1	0	1
APS	CT Scan Upper Extremity	Auth - AI CT Upper Extremity (73200, 73201, 73202) CT Upper Extremity	28	13	41
APPROVED			28	0	28
DENIED			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
APS	Detoxification	Inpatient Accomodation LOC DETOXIFICATION	47	0	47
APPROVED			47	0	47
APS	Diagnostic Imaging Unspecified	CPT - 70000-79999 Radiology 70010-76499 Diagnostic Radiology (Diagnostic Imaging)	1	0	1
APPROVED			1	0	1
APS	Diagnostic Ultrasound Pelvis (Obstetrical)	CPT - 70000-79999 Radiology 76506-76999 Diagnostic Ultrasound 76801-76828 Pelvis (Obstetrical)	2	0	2
APPROVED			2	0	2
APS	Hospice	Inpatient Accomodation LOC HOSPICE	25	0	25
APPROVED			25	0	25
APS	Hospice - NF	Inpatient Accomodation LOC NF HOSPICE	1	0	1
APPROVED			1	0	1
APS	ICU - Pediatrics	Inpatient Accomodation LOC PEDS-ICU	12	3	15
APPROVED			12	0	12

DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
APS	ICU/CCU	Inpatient Accomodation LOC ICU/CCU	869	37	906
APPROVED			869	0	869
DENIED			0	37	37
Denied for Hospital Late Notification per Contract			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	35	35
APS	Integumentary System Acellular Dermal Replacement	CPT - 10000-69999 Surgery 10021-19499 Integumentary System 15170-15261 Acellular Dermal Replacement	3	0	3
APPROVED			3	0	3
APS	Integumentary System Adjacent Tissue Transfer or Rearrangement	CPT - 10000-69999 Surgery 10021-19499 Integumentary System 14000-14350 Adjacent Tissue Transfer or Rearrangement	3	0	3
APPROVED			3	0	3
APS	Integumentary System Excision - Debridement	CPT - 10000-69999 Surgery 10021-19499 Integumentary System 11000-11044 Excision - Debridement	1	0	1
APPROVED			1	0	1
APS	Integumentary System Nails	CPT - 10000-69999 Surgery 10021-19499 Integumentary System 11719-11765 Nails	1	0	1
APPROVED			1	0	1
APS	Integumentary System Repair - Complex	CPT - 10000-69999 Surgery 10021-19499 Integumentary System 13100-13160 Repair - Complex	4	0	4
APPROVED			4	0	4
APS	Integumentary System Repair - Intermediate	CPT - 10000-69999 Surgery 10021-19499 Integumentary System 12031-12057 Repair - Intermediate	3	0	3
APPROVED			3	0	3
APS	Intermediate ICU	Inpatient Accomodation LOC INTERMEDIATE ICU	165	19	184
APPROVED			165	0	165
DENIED			0	19	19
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
APS	LTAC - Level 1	Inpatient Accomodation LOC LTAC LEVEL 1	135	38	173
APPROVED			135	0	135
DENIED			0	38	38
Denied Days per Medical Review			0	1	1
Denied for No Pre-authorization			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	28	28
Denied Non Participating Provider			0	6	6
APS	LTAC - Level 2	Inpatient Accomodation LOC LTAC LEVEL 2	2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	LTAC - Level 3	Inpatient Accomodation LOC LTAC LEVEL 3	1	0	1
APPROVED			1	0	1
APS	LTAC - Level 4	Inpatient Accomodation LOC LTAC LEVEL 4	12	1	13
APPROVED			12	0	12
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	Maternity Care and Delivery Vaginal Delivery, Antepartum & Postpartum Care	CPT - 10000-69999 Surgery 59000-59899 Maternity Care and Delivery 59400-59430 Vaginal Delivery, Antepartum & Postpartum Care	1	0	1
APPROVED			1	0	1
APS	Medical	Inpatient Accomodation LOC MEDICAL	2301	1461	3762
APPROVED			2301	0	2301
DENIED			0	1461	1461
Denied Additional Information Not Received			0	128	128

Denied Days per Medical Review			0	12	12
Denied for Hospital Late Notification per Contract			0	15	15
Denied for No Pre-authorization			0	5	5
Denied for Readmission			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1293	1293
Denied Non Participating Provider			0	4	4
Denied Not a Covered Benefit			0	1	1
Denied Per Contract Language			0	1	1
APS	Medical - Pediatrics	Inpatient Accomodation LOC PEDS-MEDICAL	32	44	76
APPROVED			32	0	32
DENIED			0	44	44
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	42	42
APS	Mental Health	Inpatient Accomodation LOC MENTAL HEALTH	304	41	345
APPROVED			304	0	304
DENIED			0	41	41
Denied for Hospital Late Notification per Contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	40	40
APS	MMP Benefits Unspecified	Revenue Codes - 0001-9999	1	0	1
APPROVED			1	0	1
APS	MRA Abdomen	Auth - AI MRA Abdomen (74185, C8900, C8901, C8902) MRA Abdomen	4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRA Chest	Auth - AI MRA Chest (71555, C8908, C8910, C8911) MRA Chest	2	0	2
APPROVED			2	0	2
APS	MRA Head	Auth - AI MRA Head (70544, 70545, 70546)	1	0	1
APPROVED			1	0	1
APS	MRA Head	Auth - AI MRA Head (70544, 70545, 70546) MRA Head	68	34	102
APPROVED			68	0	68
DENIED			0	34	34
Denied Medical Necessity Criteria Not Met Medical Director			0	34	34
APS	MRA Lower Extremity	Auth - AI MRA Lower Extremity (73725, C8912, C8913, C8914) MRA Lower Extremity	3	0	3
APPROVED			3	0	3
APS	MRA Neck	Auth - AI MRA Neck (70547, 70548, 70549) MRA Neck	26	20	46
APPROVED			26	0	26
DENIED			0	20	20
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
APS	MRA Pelvis	Auth - AI MRA Pelvis (72198, C8918, C8919, C8920) MRA Pelvis	3	0	3
APPROVED			3	0	3
APS	MRA Upper Extremity	Auth - AI MRA Upper Extremity (73225, C8934, C8935, C8936) MRA Upper Extremity	3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRI Abdomen	Auth - AI MRI Abdomen (74181, 74182, 74183, S8037)	7	0	7
APPROVED			7	0	7
APS	MRI Abdomen	Auth - AI MRI Abdomen (74181, 74182, 74183, S8037) MRI Abdomen	264	68	332
APPROVED			264	0	264
DENIED			0	68	68
Denied Medical Necessity Criteria Not Met Medical Director			0	68	68

APS	MRI Bone Marrow	Auth - AI MRI Bone Marrow (77084) MRI Bone Marrow	1	0	1
APPROVED			1	0	1
APS	MRI Brain (w/Attn to IAC or Orbit)	Auth - AI MRI Brain (w/ attn to IAC or Orbit) (70551, 70552, 70553)	20	5	25
APPROVED			20	0	20
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
APS	MRI Brain (w/Attn to IAC or Orbit)	Auth - AI MRI Brain (w/ attn to IAC or Orbit) (70551, 70552, 70553) MRI Brain	1108	204	1312
APPROVED			1108	0	1108
DENIED			0	204	204
Denied Medical Necessity Criteria Not Met Medical Director			0	204	204
APS	MRI Breast	Auth - AI MRI Breast (77058, 77059, C8903-c8908)	3	0	3
APPROVED			3	0	3
APS	MRI Breast	Auth - AI MRI Breast (77058, 77059, C8903-c8908) MRI Breast	5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	MRI Cervical Spine	Auth - AI MRI Cervical Spine (72141, 72142, 72156)	7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	MRI Cervical Spine	Auth - AI MRI Cervical Spine (72141, 72142, 72156) MRI Cervical Soine	362	419	781
APPROVED			362	0	362
DENIED			0	419	419
Denied Medical Necessity Criteria Not Met Medical Director			0	419	419
APS	MRI Chest	Auth - AI MRI Chest (71550, 71551, 71552) MRI Chest	10	11	21
APPROVED			10	0	10
DENIED			0	11	11
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
APS	MRI Heart	Auth - AI MRI Heart (75557, 75559, 75561, 75563)	1	0	1
APPROVED			1	0	1
APS	MRI Heart	Auth - AI MRI Heart (75557, 75559, 75561, 75563) MRI Heart	8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRI Hip	Auth - AI MRI Hip (72195, 72197, 73721, 72196, 73722,73723) MRI Hio	5	8	13
APPROVED			5	0	5
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
APS	MRI Lower Extremity Joint	Auth - AI MRI LE Joint (73721, 73722, 73723)	8	3	11
APPROVED			8	0	8
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
APS	MRI Lower Extremity Joint	Auth - AI MRI LE Joint (73721, 73722, 73723) MRI Lower Extremity Joint	485	377	862
APPROVED			485	0	485
DENIED			0	377	377
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	375	375
Denied Medicare Primary			0	1	1
APS	MRI Lower Extremity, other than Joint	Auth - AI MRI LE, other than Joint (73718 - 73720)	1	1	2

APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRI Lower Extremity, other than Joint	Auth - AI MRI LE, other than Joint (73718 - 73720) MRI Lower Extremity, other than Joint	109	73	182
APPROVED			109	0	109
DENIED			0	73	73
Denied Medical Necessity Criteria Not Met Medical Director			0	73	73
APS	MRI Lumbar Spine	Auth - AI MRI Lumbar Spine (72148, 72149, 72158)	11	8	19
APPROVED			11	0	11
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
APS	MRI Lumbar Spine	Auth - AI MRI Lumbar Spine (72148, 72149, 72158) MRI Lumbar Spine	516	829	1345
APPROVED			516	0	516
DENIED			0	829	829
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	828	828
APS	MRI Orbit, Face, Neck, IAC	Auth - AI MRI Orbit, Face, Neck, IAC (70540, 70542, 70543)	0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRI Orbit, Face, Neck, IAC	Auth - AI MRI Orbit, Face, Neck, IAC (70540, 70542, 70543) MRI Orbit. Face. Neck	44	23	67
APPROVED			44	0	44
DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	23	23
APS	MRI Pelvis	Auth - AI MRI Pelvis (72195, 72196, 72197)	2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRI Pelvis	Auth - AI MRI Pelvis (72195, 72196, 72197) MRI Pelvis	218	53	271
APPROVED			218	0	218
DENIED			0	53	53
Denied Medical Necessity Criteria Not Met Medical Director			0	53	53
APS	MRI Temporomandibular Joint	Auth - AI MRI TMJ (70336) MRI Temporomandibular Joint	8	4	12
APPROVED			8	0	8
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	MRI Thoracic Spine	Auth - AI MRI Thoracic Spine (72146, 72147, 72157)	3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRI Thoracic Spine	Auth - AI MRI Thoracic Spine (72146, 72147, 72157) MRI Thoracic Spine	115	98	213
APPROVED			115	0	115
DENIED			0	98	98
Denied Medical Necessity Criteria Not Met Medical Director			0	98	98
APS	MRI Upper Extremity Joint	Auth - AI MRI Upper Extremity Joint (73221, 73222, 73223)	5	3	8
APPROVED			5	0	5
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
APS	MRI Upper Extremity Joint	Auth - AI MRI Upper Extremity Joint (73221, 73222, 73223) MRI Upper Extremity Joint	328	250	578
APPROVED			328	0	328

DENIED			0	250	250
Denied Medical Necessity Criteria Not Met Medical Director			0	250	250
APS	MRI Upper Extremity, other than Joint	Auth - AI MRI Upper Extremity, other than Joint (73218, 73219, 73220)	1	0	1
APPROVED			1	0	1
APS	MRI Upper Extremity, other than Joint	Auth - AI MRI Upper Extremity, other than Joint (73218, 73219, 73220) MRI Upper Extremity, other than Joint	44	32	76
APPROVED			44	0	44
DENIED			0	32	32
Denied Medical Necessity Criteria Not Met Medical Director			0	32	32
APS	Nuclear Medicine Cardiology	Auth - AI Nuc-Cardio78451-54,78466-69,78472,78473,78481,78483,78494-99	15	4	19
APPROVED			15	0	15
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	Nuclear Medicine Cardiology	Auth - AI Nuc-Cardio78451-54,78466-69,78472,78473,78481,78483,78494-99 Myocardial Perfusion Imaging - Nuclear Cardiology	763	437	1200
APPROVED			763	0	763
DENIED			0	437	437
Denied Additional Information Not Received			0	1	1
Denied Cancel Auth per Medical Management			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	435	435
APS	Nursery - Newborn - Level I	Inpatient Accomodation LOC NURSERY	23	2	25
APPROVED			23	0	23
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	Nursery - Newborn - Level II	Inpatient Accomodation LOC SPECIAL CARE NURSERY	38	6	44
APPROVED			38	0	38
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
APS	Nursery - Newborn - Level III	Inpatient Accomodation LOC NICU LEVEL 3	24	13	37
APPROVED			24	0	24
DENIED			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
APS	Nursery - Newborn - Level IV	Inpatient Accomodation LOC NICU LEVEL 4	4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	OB - C/Section	Inpatient Accomodation LOC OB-C/SECTION	176	2	178
APPROVED			176	0	176
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	OB - High Risk (Non-Delivered)	Inpatient Accomodation LOC OB-HIGH RISK (NON DELIVERED)	118	58	176
APPROVED			118	0	118
DENIED			0	58	58
Denied Additional Information Not Received			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	51	51
APS	OB - Normal Vaginal	Inpatient Accomodation LOC OB-NORMAL VAGINAL	277	7	284
APPROVED			277	0	277
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
APS	OB - VBAC	Inpatient Accomodation LOC OB VBAC	3	1	4
APPROVED			3	0	3

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	Office or Outpatient Established Patient	CPT - 99200-99499 Evaluation and Management 99200-99215 Office or Other Outpatient Services 99211-99215 Office or Other Outpatient Visit (Established Patient)	68	23	91
APPROVED			68	0	68
DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	22	22
APS	Office or Outpatient New or Other Outpatient	CPT - 99200-99499 Evaluation and Management 99240-99279 Consultations 99240-22949 Office Consultation (New or Other Outpatient)	5	3	8
APPROVED			5	0	5
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
APS	Office or Outpatient New Patient	CPT - 99200-99499 Evaluation and Management 99200-99215 Office or Other Outpatient Services 99200-99210 Office or Other Outpatient Visit (New Patient)	22	9	31
APPROVED			22	0	22
DENIED			0	9	9
Denied Non Participating Provider			0	9	9
APS	Office or Outpatient Unspecified	CPT - 99200-99499 Evaluation and Management 99200-99215 Office or Other Outpatient Services	0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
APS	OTHER	CPT - 99200-99499 Evaluation and Management 99477-99499 Other Evaluation and Management Services 99477-99499 Unlisted Evaluation and Management Service	3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
APS	Pathology/Lab Immunology	CPT - 80000-89999 Pathology and Laboratory 80047-89356 Pathology & Laboratory Inclusive Listings 86000-86849 Immunology	1	0	1
APPROVED			1	0	1
APS	Pathology/Lab Organ or Disease Oriented Panels	CPT - 80000-89999 Pathology and Laboratory 80047-89356 Pathology & Laboratory Inclusive Listings 80047-80076 Organ or Disease Oriented Panels	1	0	1
APPROVED			1	0	1
APS	Pathology/Lab Urinalysis	CPT - 80000-89999 Pathology and Laboratory 80047-89356 Pathology & Laboratory Inclusive Listings 81000-81099 Urinalysis	1	0	1
APPROVED			1	0	1
APS	PET Brain	Auth - AI PET Scan, Brain (78608, 78609) PET Scan, Brain	1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	PET Heart	Auth - AI PET Scan, Heart (78459, 78491, 78492, 93015-93018)	1	0	1
APPROVED			1	0	1
APS	PET Heart	Auth - AI PET Scan, Heart (78459, 78491, 78492, 93015-93018) PET Scan, Heart	43	27	70
APPROVED			43	0	43
DENIED			0	27	27
Denied Medical Necessity Criteria Not Met Medical Director			0	27	27
APS	PET Tumor	Auth - AI PET Scan, Tumor (G0219, G0296, 78811-78816)	7	0	7
APPROVED			7	0	7
APS	PET Tumor	Auth - AI PET Scan, Tumor (G0219, G0296, 78811-78816) PET Scan, Tumor Imaging	404	73	477

APPROVED			404	0	404
DENIED			0	73	73
Denied Medical Necessity Criteria Not Met Medical Director			0	73	73
APS	Rehab - Level 1	Inpatient Accomodation LOC REHAB LEVEL 1	196	53	249
APPROVED			196	0	196
DENIED			0	53	53
Denied for Hospital Late Notification per Contract			0	1	1
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	48	48
Denied Non Participating Provider			0	3	3
APS	Rehab - Level 2	Inpatient Accomodation LOC REHAB LEVEL 2	3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	Rehab - Level 3	Inpatient Accomodation LOC REHAB LEVEL 3	3	0	3
APPROVED			3	0	3
APS	Rehab - Level 4	Inpatient Accomodation LOC REHAB LEVEL 4	9	5	14
APPROVED			9	0	9
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
APS	Rehab - SNF	Inpatient Accomodation LOC REHAB SNF	1	0	1
APPROVED			1	0	1
APS	SNF - Level 1	Inpatient Accomodation LOC SNF LEVEL 1	179	24	203
APPROVED			179	0	179
DENIED			0	24	24
Denied for No Pre-authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
Denied Non Participating Provider			0	3	3
APS	SNF - Level 2	Inpatient Accomodation LOC SNF LEVEL 2	5	0	5
APPROVED			5	0	5
APS	SNF - Level 4	Inpatient Accomodation LOC SNF LEVEL 4	11	4	15
APPROVED			11	0	11
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	Surgical	Inpatient Accomodation LOC SURGICAL	395	120	515
APPROVED			395	0	395
DENIED			0	120	120
Denied Additional Information Not Received			0	2	2
Denied for Hospital Late Notification per Contract			0	1	1
Denied for No Pre-authorization			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	112	112
Denied Not a Covered Benefit			0	2	2
APS	Surgical - Pediatrics	Inpatient Accomodation LOC PEDS-SURGICAL	12	1	13
APPROVED			12	0	12
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	Tele/Sac	Inpatient Accomodation LOC TELE/SAC	596	185	781
APPROVED			596	0	596
DENIED			0	185	185
Denied for Hospital Late Notification per Contract			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	183	183
APS	Transplant	Inpatient Accomodation LOC TRANSPLANT	12	0	12

APPROVED			12	0	12
APS	Trauma	Inpatient Accomodation LOC TRAUMA	1	0	1
APPROVED			1	0	1
APS	Unspecified	Inpatient Accomodation	12	4	16
APPROVED			12	0	12
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	Unspecified	Inpatient Accomodation LOC	9	3	12
APPROVED			9	0	9
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
B4150	ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
B4152	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
B4153	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS		1	0	1
APPROVED			1	0	1
B4185	PARENTERAL NUTRITION SOL NOS 10 GRAMS LIPIDS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
B4193	PARNTRAL NUT SOL; AMINO ACID AND CARB 52-73 GMS PROT		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
B4197	PARNTRAL NUT SOL; AMINO ACID AND CARB 74-100 GM PROT		3	0	3
APPROVED			3	0	3
B4199	PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR		2	0	2
APPROVED			2	0	2
B4216	PARNTRAL NUTRITION; ADDITIVES - HOME MIX PER DAY		1	0	1
APPROVED			1	0	1
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
B9002	ENTERAL NUTRITION INFUSION PUMP ANY TYPE		1	1	2
APPROVED			1	0	1
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
B9004	PARENTERAL NUTRITION INFUSION PUMP PORTABLE		3	0	3
APPROVED			3	0	3
B9998	NOC FOR ENTERAL SUPPLIES		10	0	10
APPROVED			10	0	10
C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE		3	0	3
APPROVED			3	0	3
C8908	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
C8930	TTE CMPL DUR REST and CVST W/l and R W/PHYS SUP		1	0	1
APPROVED			1	0	1
C9733	NONOPHTHALMIC FLUORESCENT VASCULAR ANGIOGRAPHY		1	0	1
APPROVED			1	0	1
C9739	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL		1	0	1
APPROVED			1	0	1
C9740	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GT IMPL		1	0	1
APPROVED			1	0	1
C9754	CREATION AV FISTULA PERCUTANEOUS; DIRCT ANY SITE		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Not a Covered Benefit			0	3	3
C9755	CREATION OF ARTERIOVENOUS FISTULA PERCUTANEOUS		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Not a Covered Benefit			0	2	2
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED		1	0	1
APPROVED			1	0	1
D6985	PEDIATRIC PARTIAL DENTURE FIXED		1	0	1
APPROVED			1	0	1
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT		2	0	2
APPROVED			2	0	2
D7280	EXPOSURE OF AN UNERUPTED TOOTH		1	0	1
APPROVED			1	0	1
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH		1	0	1
APPROVED			1	0	1
D8220	FIXED APPLIANCE THERAPY		1	0	1
APPROVED			1	0	1
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT		1	0	1
APPROVED			1	0	1
E0105	CANE QUAD/3-PRONG ALL MATL ADJUSTBL/FIX W/TIPS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0114	CRTCHS UNDARM OTH THAN WOOD PAIR PAD TIP AND HNDGRIP		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0143	WALKER FOLDING WHEELED ADJUSTABLE/FIXED HEIGHT		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
E0149	WALKER HEAVY DUTY WHEELED RIGID/FOLD ANY TYPE EA		0	1	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0154	PLATFORM ATTACHMENT WALKER EACH		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0163	COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0184	Dry pressure mattress		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0188	Synthetic sheepskin pad		1	0	1
APPROVED			1	0	1
E0218	FLUID CIRCULATING COLD PAD WITH PUMP ANY TYPE		0	3	3
DENIED			0	3	3
Denied Not a Covered Benefit			0	3	3
E0240	BATH/SHOWER CHAIR W/VO WHEELS ANY SIZE		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
E0247	TRANSFER BENCH TUB/TOILET W/VO COMMODE OPENING		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
E0260	HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATRSS		32	2	34
APPROVED			32	0	32
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATRSS		1	0	1
APPROVED			1	0	1
E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W/O MATRSS		1	0	1
APPROVED			1	0	1
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0295	HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATRSS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0303	HOS BED HEVY DUTY W/WT CAP GT 350 PDS LT or equal to TO 6		2	0	2
APPROVED			2	0	2
E0431	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR AND MASK		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
E0443	PORTABLE O2 CONTENTS GASEOUS 1 MO SUPPLY Equal to 1 UNIT		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0465	HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF		8	0	8
APPROVED			8	0	8
E0466	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF		20	6	26
APPROVED			20	0	20

DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	2	2
E0482	COUGH STIM DEVICE ALTRNAT POS AND NEG ARWAY PRESS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0562	HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE		2	8	10
APPROVED			2	0	2
DENIED			0	8	8
Denied Non Participating Provider			0	8	8
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE		1	13	14
APPROVED			1	0	1
DENIED			0	13	13
Denied Non Participating Provider			0	13	13
E0603	BREAST PUMP ELECTRIC ANY TYPE		1	0	1
APPROVED			1	0	1
E0630	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD		1	0	1
APPROVED			1	0	1
E0651	PNEUMAT COMPRS SEG HOM MDL NO CALBRD GRDNT PRSS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS		36	26	62
APPROVED			36	0	36
DENIED			0	26	26
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	21	21
Denied Not a Covered Benefit			0	3	3
E0657	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST		1	0	1
APPROVED			1	0	1
E0667	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG		18	13	31
APPROVED			18	0	18
DENIED			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	12	12
E0668	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM		10	4	14
APPROVED			10	0	10
DENIED			0	4	4
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	1	1
E0669	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Not a Covered Benefit			0	1	1
E0745	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT		0	1	1
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC		3	0	3
APPROVED			3	0	3
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC		17	3	20
APPROVED			17	0	17
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV		9	1	10
APPROVED			9	0	9
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
E0776	lv pole		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0781	AMB INFUS PUMP 1/MX CHANNL W/ADMN EQP WORN BY PT		35	0	35
APPROVED			35	0	35
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0935	CONTINUOUS PASSIVE MOT EXERCISE DEVC KNEE ONLY		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0971	MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0978	WHLCHAIR ACSS PSTN BELT/SFTY BELT/PELV STRAP EA		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY		1	0	1
APPROVED			1	0	1
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC		1	0	1
APPROVED			1	0	1
E1008	WC ACSS PWR SEAT TILT and RECLINE W/PWR SHEAR RDUC		1	0	1
APPROVED			1	0	1
E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR		1	0	1
APPROVED			1	0	1
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA		2	0	2
APPROVED			2	0	2
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN		12	0	12
APPROVED			12	0	12
E1036	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT GT 300 LBS		1	0	1
APPROVED			1	0	1
E1140	WHLCHAIR; DTACHBLE ARMS DTACHBLE FOOTRESTS		0	1	1
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE		2	0	2
APPROVED			2	0	2
E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH		3	0	3
APPROVED			3	0	3
E1353	REGULATOR		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E1390	O2 CONC 1 DEL PORT 85 PCT OR GT 02 CONC AT PRSC FLW RATE		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS		17	5	22
APPROVED			17	0	17
DENIED			0	5	5
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
E1510	KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E1610	RVRS OSMOSIS H2O PURIFICATION SYSTEM HEMODIAL		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E1800	DYN ADJUSTBL ELB EXT/FLX DEVC W/SFT INTRFCE MATL		2	0	2
APPROVED			2	0	2
E1805	DYN ADJUSTBL WRIST EXT/FLX DEVC W/INTERFCE MATL		1	0	1
APPROVED			1	0	1
E1810	DYN ADJUSTBL KNEE EXT/FLX DEVC W/INTERFCE MATL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E2201	MNL WC ACSS NONSTD SEAT WDTN GT or equal to 20 IN and		1	0	1
APPROVED			1	0	1
E2203	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 LT 22 IN		1	0	1
APPROVED			1	0	1
E2209	ARM TROUGH WITH OR WITHOUT HAND SUPPORT EACH		1	0	1
APPROVED			1	0	1
E2210	WHEELCHAIR ACCESS BEARINGS ANY TYPE REPL ONLY EA		1	0	1
APPROVED			1	0	1
E2311	PWR WC ACSS ELEC CNCT BTWN WC CNTRLR and TWO/MORE		2	0	2
APPROVED			2	0	2
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA		3	0	3
APPROVED			3	0	3
E2359	PWR WC ACCESSORY GRP 34 SEALED LEAD ACID BATT EA		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E2363	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTRY EA		1	2	3
APPROVED			1	0	1
DENIED			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
E2366	PWR WC ACSS BATTERY CHRGR 1 MODE W/ONLY 1 BATTERY		1	0	1
APPROVED			1	0	1
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE		2	0	2
APPROVED			2	0	2
E2392	PWR WC SOLID CASTER TIRE INTEGRATED WHEEL REPL EA		1	0	1
APPROVED			1	0	1
E2396	PWR WC CASTER FORK REPLACEMENT ONLY EACH		1	0	1
APPROVED			1	0	1
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E2601	GENERAL WHLCHAIR SEAT CUSHN WIDTH LT 22 IN DEPTH		1	0	1
APPROVED			1	0	1
E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH		1	0	1
APPROVED			1	0	1
E2607	SKN PROTECT and PSTN WC SEAT CUSHN WDTN LT 22 IN DEPTH		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E2608	SKN PROTCT and PSTN WC SEAT CUSHN WDTN 22 IN/GT DPTH		1	0	1
APPROVED			1	0	1
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE		1	0	1
APPROVED			1	0	1
E2611	GEN WC BACK CUSHN WDTN LT 22 IN HT MOUNT HARDWARE		14	1	15
APPROVED			14	0	14
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E2612	GEN WC BACK CUSHN WDTN 22 IN/GT HT MOUNT HARDWRE		1	0	1
APPROVED			1	0	1
E2613	PSTN WC BACK CUSHN POST WIDTH LT 22 IN ANY HEIGHT		2	0	2
APPROVED			2	0	2
E2615	PSTN WC BACK CUSHN POSTLAT WIDTH LT 22 IN ANY HT		1	0	1
APPROVED			1	0	1
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE		1	0	1
APPROVED			1	0	1
E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTN LT 22 IN		6	0	6
APPROVED			6	0	6
E2622	SKIN PROTECT WC SEAT CUSH WIDTH LT 22 IN ANY DEPTH		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E2624	SKIN PROTECT and POSITIONING WC CUSH WIDTH LT 22 IN		2	0	2
APPROVED			2	0	2
G0105	COLOREC CANCR SCR; COLONSCPY INDIVIDUL@HIGH RISK		1	0	1
APPROVED			1	0	1
G0108	DIAB OP SELF-MGMT TRN SRVC INDIVIDUAL PER 30 MIN		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
G0151	SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN		113	59	172
APPROVED			113	0	113

DENIED			0	59	59
Denied Additional Information Not Received			0	2	2
Denied Benefit limits exceeded			0	1	1
Denied for No Pre-authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	40	40
Denied Non Participating Provider			0	12	12
Denied Not a Covered Benefit			0	2	2
G0152	SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN		49	23	72
APPROVED			49	0	49
DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
Denied Non Participating Provider			0	5	5
Denied Not a Covered Benefit			0	1	1
G0153	SRVC SPCH and LANG PATH HOME HLTH/HOSPICE EA 15 MIN		9	4	13
APPROVED			9	0	9
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Not a Covered Benefit			0	1	1
G0155	SRVC CLINICAL SOCIAL WORKER HH/HOSPICE EA 15 MIN		10	3	13
APPROVED			10	0	10
DENIED			0	3	3
Denied Benefit limits exceeded			0	1	1
Denied for No Pre-authorization			0	1	1
Denied Non Participating Provider			0	1	1
G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN		31	11	42
APPROVED			31	0	31
DENIED			0	11	11
Denied Benefit limits exceeded			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
Denied Non Participating Provider			0	1	1
G0157	SERVICES PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN		7	8	15
APPROVED			7	0	7
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	5	5
G0158	SERVICE OT ASSIST HOME HEALTH/HOSPICE EA 15 MIN		0	3	3
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
G0159	SERVICES PT HOME HEALTH EST/DEL PT MP EA 15 MINS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
G0160	SERVICES OT HOME HEALTH EST/DEL OT MP EA 15 MINS		2	0	2
APPROVED			2	0	2
G0161	SERVICE SLP HH EST/DEL SPCH-LANG PATH MP EA 15 M		1	0	1
APPROVED			1	0	1
G0162	SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS		0	1	1
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
G0166	EXTERNAL COUNTERPULSATION PER TREATMENT SESSION		1	0	1
APPROVED			1	0	1
G0202	SCREENING MAMMOGRAPHY BIL INCL CAD WHEN PERFORMD		4	0	4

APPROVED			4	0	4
G0248	DEMO HOME INR MON PT W/MECH HT VALVE CAF/VTE		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
G0249	PRVS TEST MATL AND EQUIP HOME INR MON; ONCE A WEEK		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
G0260	INJ PROC SI JNT;ANES STEROID and /TX AGT and ARTHROGRPH		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT		25	10	35
APPROVED			25	0	25
DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
Denied Not a Covered Benefit			0	1	1
G0282	E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281		1	0	1
APPROVED			1	0	1
G0283	E-STIM 1 OR GT AREAS OTH THAN WND CARE PART TX PLAN		326	126	452
APPROVED			326	0	326
DENIED			0	126	126
Denied Benefit limits exceeded			0	5	5
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	117	117
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		39	23	62
APPROVED			39	0	39
DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	23	23
G0299	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN		467	168	635
APPROVED			467	0	467
DENIED			0	168	168
Denied Benefit limits exceeded			0	17	17
Denied for No Pre-authorization			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	136	136
Denied Non Participating Provider			0	12	12
G0300	DIRECT SNS LPN HOME HLTH/HOSPICE SET EA 15 MIN		306	145	451
APPROVED			306	0	306
DENIED			0	145	145
Denied Benefit limits exceeded			0	18	18
Denied for No Pre-authorization			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	119	119
Denied Non Participating Provider			0	5	5
G0399	HST W/TYPE III PRTBLE MON UNATTENDED MIN 4 CH		1	0	1
APPROVED			1	0	1
G0410	GRP PSYCHOTX NOT MX FAM GRP PART HOS 45-50 MIN		11	0	11
APPROVED			11	0	11
G0453	CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN		5	0	5
APPROVED			5	0	5

G0463	HOSPITAL OUTPATIENT CLIN VISIT ASSESS AND MGMT PT	3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
G0480	DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
G0481	DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
G0483	DRUG TST DEFINITV DR ID METH P DAY 22/MORE DR CL	0	9	9
DENIED		0	9	9
Denied Non Participating Provider		0	9	9
G0495	SKD SRVC RN TRAIN and /EDU PT/FAM HH/HOSPC EA 15 MIN	0	6	6
DENIED		0	6	6
Denied Non Participating Provider		0	6	6
G0496	SKD SRVC LPN TRAIN and /EDU PT/FAM HH/HOSPC E 15 MIN	0	6	6
DENIED		0	6	6
Denied Non Participating Provider		0	6	6
G2012	BRIEF COMMUNICATION TBS; 5-10 MIN MED DISCUSSION	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
G2061	Q NPHYS HC PROF ONLN A AND MGT EST PT TO 7 D;5-10 M	0	2	2
DENIED		0	2	2
Denied Not a Covered Benefit		0	2	2
G2062	Q NPHYS HC PROF ONL A AND MGMT EST PT TO 7 D;11-20 M	0	2	2
DENIED		0	2	2
Denied Not a Covered Benefit		0	2	2
G2063	Q N-P HC PROF ONL ASMT and MGMT EST PT TO 7 D;21 OR GT M	0	2	2
DENIED		0	2	2
Denied Not a Covered Benefit		0	2	2
G2066	INTG DVC EVAL RMT TO 30 D;RCPT TRANS AND TECH RVW	5	3	8
APPROVED		5	0	5
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	2	2
G2170	PERQ AVF DIR SITE TISS APP TR E and SEC PROC RDR BF	3	0	3
APPROVED		3	0	3
G2171	PERQ AVF DIR ANY SITE MAG-GD ART and V CATH and RF E	4	0	4
APPROVED		4	0	4
G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT	3	0	3
APPROVED		3	0	3
G6012	RAD TX DEL 3 OR GT SEP TX AR CSTM BLOCKING; 6-10 MEV	4	0	4
APPROVED		4	0	4
G6013	RAD TX DEL 3 OR GT SEP TX AR CSTM BLOCKING;11-19 MEV	4	0	4
APPROVED		4	0	4
G6015	INTENSITY MODULATED TX DEL 1/MX FLDS PER TX SESS	68	5	73
APPROVED		68	0	68
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
Denied Not a Covered Benefit		0	1	1

H0001	ALCOHOL AND/OR DRUG ASSESSMENT	2	0	2
APPROVED		2	0	2
H0004	BEHAVIORAL HEALTH CNSL AND THERAPY PER 15 MINUTES	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
H0005	ALCOHOL AND OR DRUG SERVICES; GROUP CNSL CLINICIAN	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	2	0	2
APPROVED		2	0	2
H0010	ALCOHOL and / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
H0012	ALCOHOL and / DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	8	0	8
APPROVED		8	0	8
H0015	ALCOHL and /RX SRVC;INTENSIV OP;CRISIS INTRVN and ACTV TX	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
H0017	BEHAVIORAL HEALTH; RES W/O ROOM and BOARD PER DIEM	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM and BOARD-DIEM	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
H0031	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	6	0	6
APPROVED		6	0	6
H0035	MENTAL HEALTH PARTIAL HOSP TX LT 24 HOURS	47	2	49
APPROVED		47	0	47
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
H0038	SELF-HELP/PEER SERVICES PER 15 MINUTES	2	0	2
APPROVED		2	0	2
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS	23	2	25
APPROVED		23	0	23
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
H2035	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR	25	4	29
APPROVED		25	0	25
DENIED		0	4	4
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
J0153	INJECTION ADENOSINE 1 MG	7	5	12
APPROVED		7	0	7
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
J0178	INJECTION AFLIBERCEPT 1 MG	1	0	1

APPROVED			1	0	1
J0185	INJECTION APREPITANT 1 MG		2	0	2
APPROVED			2	0	2
J0280	INJECTION AMINOPHYLLIN UP TO 250 MG		69	29	98
APPROVED			69	0	69
DENIED			0	29	29
Denied Medical Necessity Criteria Not Met Medical Director			0	29	29
J0585	BOTULINUM TOXIN TYPE A PER UNIT		1	0	1
APPROVED			1	0	1
J0640	INJECTION LEUCOVORIN CALCIUM PER 50 MG		3	0	3
APPROVED			3	0	3
J0690	INJECTION CEFAZOLIN SODIUM 500 MG		1	0	1
APPROVED			1	0	1
J0696	INJECTION CEFTRIAXONE SODIUM PER 250 MG		3	0	3
APPROVED			3	0	3
J0887	INJECTION EPOETIN BETA 1 MICROGRAM		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
J0894	INJECTION DECITABINE 1 MG		1	0	1
APPROVED			1	0	1
J1040	INJECTION METHYLPREDNISOLONE ACETATE 80 MG		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J1100	INJECTION DEXAMETHOSONE SODIUM PHOSPHATE 1 MG		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J1245	INJECTION DIPYRIDAMOLE PER 10 MG		89	51	140
APPROVED			89	0	89
DENIED			0	51	51
Denied Medical Necessity Criteria Not Met Medical Director			0	51	51
J1250	INJECTION DOBUTAMINE HCI PER 250 MG		10	3	13
APPROVED			10	0	10
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
J1335	INJECTION ERTAPENEM SODIUM 500 MG		1	0	1
APPROVED			1	0	1
J1453	INJECTION FOSAPREPITANT 1 MG		1	0	1
APPROVED			1	0	1
J1644	INJECTION HEPARIN SODIUM PER 1000 UNITS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
J1750	INJECTION IRON DEXTRAN 50 MG		1	0	1
APPROVED			1	0	1
J1756	INJECTION IRON SUCROSE 1 MG		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J2250	INJECTION MIDAZOLAM HCL PER 1 MG		2	1	3
APPROVED			2	0	2

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
J2469	INJECTION PALONOSETRON HCL 25 MCG		1	0	1
APPROVED			1	0	1
J2505	INJECTION PEGFILGRASTIM 6 MG		2	0	2
APPROVED			2	0	2
J2543	INJ PIPERACILLIN SOD/TAZOBACTAM SOD 1 G/0.125 G		1	0	1
APPROVED			1	0	1
J2545	PENTAMIDINE ISETHIONATE I SOL NONCP UD P 300 MG		1	0	1
APPROVED			1	0	1
J2704	INJECTION PROPOFOL 10 MG		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
J2785	INJECTION REGADENOSON 0.1 MG		249	132	381
APPROVED			249	0	249
DENIED			0	132	132
Denied Medical Necessity Criteria Not Met Medical Director			0	132	132
J2860	INJECTION SILTUXIMAB 10 MG		1	0	1
APPROVED			1	0	1
J2930	INJ METHYLPRDNISOLONE SODIUM SUCCNAT TO 125 MG		1	0	1
APPROVED			1	0	1
J2997	INJECTION ALTEPLASE RECOMBINANT 1 MG		1	0	1
APPROVED			1	0	1
J3010	INJECTION FENTANYL CITRATE 0.1 MG		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
J3301	INJECTION TRIAMCINOLONE ACETONIDE NOS 10 MG		1	0	1
APPROVED			1	0	1
J3380	INJECTION VEDOLIZUMAB 1 MG		1	0	1
APPROVED			1	0	1
J3489	INJECTION ZOLEDRONIC ACID 1 MG		2	0	2
APPROVED			2	0	2
J3490	UNCLASSIFIED DRUGS		13	0	13
APPROVED			13	0	13
J7050	INFUSION NORMAL SALINE SOLUTION 250 CC		29	5	34
APPROVED			29	0	29
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE		1	0	1
APPROVED			1	0	1
J7323	HYALURONAN/DERIVATIVE EUFLEXXA IA INJ PER DOSE		1	0	1
APPROVED			1	0	1
J7674	METHACHOLINE CHLORID INHAL SOL THRU NEB PER 1 MG		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J9000	INJECTION DOXORUBICIN HCL 10 MG		1	0	1
APPROVED			1	0	1

J9035	INJECTION BEVACIZUMAB 10 MG	2	0	2
APPROVED		2	0	2
J9045	INJECTION CARBOPLATIN 50 MG	1	0	1
APPROVED		1	0	1
J9070	CYCLOPHOSPHAMIDE 100 MG	2	0	2
APPROVED		2	0	2
J9100	INJECTION CYTARABINE 100 MG	1	0	1
APPROVED		1	0	1
J9145	INJECTION DARATUMUMAB 10 MG	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
J9171	INJECTION DOCETAXEL 1 MG	1	0	1
APPROVED		1	0	1
J9181	INJECTION ETOPOSIDE 10 MG	1	0	1
APPROVED		1	0	1
J9190	INJECTION FLUOROURACIL 500 MG	2	0	2
APPROVED		2	0	2
J9201	INJECTION GEMCITABINE HCL NOS 200 MG	1	0	1
APPROVED		1	0	1
J9206	INJECTION IRINOTECAN 20 MG	1	0	1
APPROVED		1	0	1
J9217	LEUPROLIDE ACETATE 7.5 MG	1	0	1
APPROVED		1	0	1
J9260	METHOTREXATE SODIUM 50 MG	1	0	1
APPROVED		1	0	1
J9263	INJECTION OXALIPLATIN 0.5 MG	1	0	1
APPROVED		1	0	1
J9267	INJECTION PACLITAXEL 1 MG	2	0	2
APPROVED		2	0	2
J9271	INJECTION PEMBROLIZUMAB 1 MG	1	0	1
APPROVED		1	0	1
J9306	INJECTION PERTUZUMAB 1 MG	1	0	1
APPROVED		1	0	1
J9312	INJECTION RITUXIMAB 10 MG	1	0	1
APPROVED		1	0	1
J9370	VINCRIStINE SULFATE 1 MG	1	0	1
APPROVED		1	0	1
K0001	Standard wheelchair	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
K0005	Ultralightweight wheelchair	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
K0017	DETACHABLE ADJUST HT ARMREST BASE REPL ONLY EA	1	0	1
APPROVED		1	0	1
K0019	ARM PAD REPLACEMENT ONLY EACH	1	0	1
APPROVED		1	0	1
K0108	OTHER ACCESSORIES	12	4	16
APPROVED		12	0	12
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3

Denied Not a Covered Benefit			0	1	1
K0553	SUPPLY ALLOW FOR TX CGM1 MO SPL Equal to 1 U OF SERVICE		11	3	14
APPROVED			11	0	11
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	2	2
K0554	RECEIVER DEDICATED FOR USE W/THERAPEUTIC GCM SYS		12	3	15
APPROVED			12	0	12
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	2	2
K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE		78	7	85
APPROVED			78	0	78
DENIED			0	7	7
Denied for No Pre-authorization			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
K0739	REPR/SRVC DME NOT O2 RQR TECH CMPNT PER 15 MINS		1	0	1
APPROVED			1	0	1
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS		1	0	1
APPROVED			1	0	1
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO and Equal to 300 L		2	0	2
APPROVED			2	0	2
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO and Equal to 300		1	0	1
APPROVED			1	0	1
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO and Equal to 300		1	0	1
APPROVED			1	0	1
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS		1	0	1
APPROVED			1	0	1
L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB		21	0	21
APPROVED			21	0	21
L0648	LSO SAGITTAL CONTROL RIGD ANT POST PANELS PREFAB		1	0	1
APPROVED			1	0	1
L0650	LSO SAGITTAL-CORONAL CNTRL RIGD ANT POST PANELS		23	2	25
APPROVED			23	0	23
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
L0984	PROTECTIVE BODY SOCK PREFAB OFF SHELF EACH		2	0	2
APPROVED			2	0	2
L1040	ADD CTLSO/SCOLIOSIS ORTHOSIS LUMB/LUMB RIB PAD		1	0	1
APPROVED			1	0	1
L1060	ADDITION CTLSO/SCOLIOSIS ORTHOSIS THORACIC PAD		2	0	2
APPROVED			2	0	2
L1200	TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY		2	0	2
APPROVED			2	0	2
L1210	ADDITION TO TLSO LATERAL THORACIC EXTENSION		1	0	1
APPROVED			1	0	1
L1240	ADDITION TO TLSO LUMBAR DEROTATION PAD		1	0	1
APPROVED			1	0	1
L1290	ADDITION TO TLSO LOW LATERAL TROCHANTERIC PAD		2	0	2
APPROVED			2	0	2
L1831	KNEE ORTHOS LOCK KNEE JNT PSTN ORTHOS PRFAB		1	0	1
APPROVED			1	0	1

L1833	KNEE ORTHOSIS ADJUSTABLE JOINT RIGD SUPP PREFAB	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L1845	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF PREFAB	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L1906	ANK FT ORTHOS MX-LIG ANK SUPT PREFB OFF SHELF	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L1940	ANK FT ORTHOSIS PLASTIC/OTH MATERIAL CUSTOM FAB	4	0	4
APPROVED		4	0	4
L1960	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	3	0	3
APPROVED		3	0	3
L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	5	0	5
APPROVED		5	0	5
L1990	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	1	0	1
APPROVED		1	0	1
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	2	0	2
APPROVED		2	0	2
L2116	AFO TIB FX ORTHOSIS RIGID PRFAB W/FIT and ADJ	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L2128	KAFO FX ORTHOSIS FEM FX CAST ORTHOSIS CSTM FAB	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L2275	ADD LW EXTRM VARUS/VULGUS CORR PLSTC MOD PADD/LN	1	0	1
APPROVED		1	0	1
L2820	ADD LW EXT ORTH SFT INTERFCE MOLD BELW KNEE	1	0	1
APPROVED		1	0	1
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	3	0	3
APPROVED		3	0	3
L3000	FT INSRT MOLD PT MDL UCB TYPE BERKLY SHELL EA	2	5	7
APPROVED		2	0	2
DENIED		0	5	5
Denied Non Participating Provider		0	5	5
L3670	SHOULDER ORTHOSIS ACROMIO/CLAVICULAR PREFAB	1	0	1
APPROVED		1	0	1
L3761	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS	1	0	1
APPROVED		1	0	1
L3924	HAND-FINGER ORTHOSIS WITHOUT JOINTS PREFAB	1	0	1
APPROVED		1	0	1
L4360	WALKING BOOT PNEUMATC and / VACUUM PREFAB CUSTM FIT	2	0	2
APPROVED		2	0	2
L4361	WALKING BOOT PNEUMATIC AND OR VACUUM PREFAB	1	0	1
APPROVED		1	0	1
L4397	STATIC/DYNAMIC ANKL FOOT ORTHOSIS MIN AMB PREFAB	1	0	1
APPROVED		1	0	1
L5000	PART FT SHOE INSERT W/LONGTUDNL ARCH TOE FILLER	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L5301	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	4	1	5

APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	1	0	1
APPROVED		1	0	1
L5620	ADDITION LOWER EXTREMITY TEST SOCKET BELOW KNEE	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L5624	ADDITION LOWER EXTREMITY TEST SOCKET ABOVE KNEE	1	0	1
APPROVED		1	0	1
L5629	ADDITION LOWER EXTREM BELOW KNEE ACRYLIC SOCKET	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L5631	ADD LOW EXT ABVE KNEE/KNEE DISARTIC ACRYLC SOCKT	1	0	1
APPROVED		1	0	1
L5637	ADDITION LOWER EXTREMITY BELOW KNEE TOTAL CONTCT	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L5645	ADD LW EXT BELW KNEE FLXIBLE INNR SOCKT EXT FRME	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L5646	ADD LOW EXT BELOW KNEE AIR FL GEL/ Equal to CUSHN SOCKT	1	0	1
APPROVED		1	0	1
L5647	ADDITION LOWER EXTREM BELOW KNEE SUCTION SOCKET	1	0	1
APPROVED		1	0	1
L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	1	0	1
APPROVED		1	0	1
L5650	ADD LOW EXT TOTAL CONTACT ABVE KNEE/KNEE DISARTC	1	0	1
APPROVED		1	0	1
L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME	1	0	1
APPROVED		1	0	1
L5671	ADD LOWER EXTRM BELOW/ABOVE KNEE SUSP LOCK MECH	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L5673	ADD LOW EXT CSTM MOLD/PRFAB FOR USE W/LOCK MECH	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L5679	ADD LW EXT BK/AK CSTM MOLD/PRFAB NOT W/LOCK MECH	3	0	3
APPROVED		3	0	3
L5685	ADD LOW EXT PROS BELW KNEE SUSP/SEAL SLEEVE EA	4	0	4
APPROVED		4	0	4
L5705	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE AK	1	0	1
APPROVED		1	0	1
L5785	ADD EXOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATERIAL	1	0	1
APPROVED		1	0	1
L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	1	0	1

APPROVED			1	0	1
L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ		1	0	1
APPROVED			1	0	1
L5850	ADD ENDOSKEL SYS AK/HIP DISARTIC KNEE EXT ASST		1	0	1
APPROVED			1	0	1
L5910	ADD ENDOSKEL SYSTEM BELOW KNEE ALIGNABLE SYSTEM		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L5920	ADD ENDOSKEL SYS AK/HIP DISARTIC ALIGNABLE SYSTM		1	0	1
APPROVED			1	0	1
L5940	ADD ENDOSKEL SYSTEM BELOW KNEE ULTRA-LGHT MATL		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L5950	ADD ENDOSKEL SYSTEM ABVE KNEE AK ULTRA-LGHT MATL		1	0	1
APPROVED			1	0	1
L5964	ADD ENDOSKEL AK FLEXIBLE PROTVE OUTR SURF COVER		1	0	1
APPROVED			1	0	1
L5972	ALL LOWER EXTREMITY PROSTHESES FOOT FLEX KEEL		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L5976	ALL LOWER EXTREM PROSTHESES ENERGY STORING FOOT		1	0	1
APPROVED			1	0	1
L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM		1	0	1
APPROVED			1	0	1
L5984	ALL ENDOSKEL LOW EXT PROSTH AXIAL ROTAT UNIT ADJ		1	0	1
APPROVED			1	0	1
L5986	ALL LOW EXTREM PROSTH MULTI-AXIAL ROTATION UNIT		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN		1	0	1
APPROVED			1	0	1
L5999	LOWER EXTREMITY PROSTHESIS NOS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L8000	BREAST PROS MASTECTOMY BRA W/O INTEG PROS FORM		6	4	10
APPROVED			6	0	6
DENIED			0	4	4
Denied Benefit limits exceeded			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L8015	EXT BRST PROS GARMNT W/MASTECT FORM POST-MASTECT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1

Denied Benefit limits exceeded			0	1	1
L8020	BREAST PROSTHESIS MASTECTOMY FORM		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
L8030	BREAST PROSTH SILICONE/EQUAL W/O INTEGRAL ADHES		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
L8035	CSTM BREAST PROSTH POST MASTECT MOLDED PT MODEL		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L8420	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE BK EACH		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L8430	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE AK EACH		1	0	1
APPROVED			1	0	1
L8440	PROSTHETIC SHRINKER BELOW KNEE BK EACH		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L8470	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EA		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L8480	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EA		1	0	1
APPROVED			1	0	1
L8500	ARTIFICIAL LARYNX ANY TYPE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L8619	COCHLEAR IMPL EXT SPEECH PROCESSR/CONTROLLR REPL		1	0	1
APPROVED			1	0	1
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE EACH		2	0	2
APPROVED			2	0	2
L8686	IMPLANT NEUROSTIM 1 ARRAY NON-RECHARGEABLE		1	0	1
APPROVED			1	0	1
L8687	IMPLANT NEUROSTIM 2 ARRAY RECHARGEABLE		1	0	1
APPROVED			1	0	1
L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED		2	0	2
APPROVED			2	0	2
P9040	RBCS LEUKOCYTES REDUCED IRRADIATED EACH UNIT		0	1	1
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
Q0091	SCREEN PAP SMEAR; OBTAIN PREP AND C ONVEY TO LAB		2	0	2
APPROVED			2	0	2
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT		1	0	1
APPROVED			1	0	1
Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD		10	3	13
APPROVED			10	0	10
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
Q4038	CAST SUPPLIES SHORT LEG CAST ADULT FIBERGLASS		1	0	1
APPROVED			1	0	1
Q4048	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC FIBRGLS		1	0	1
APPROVED			1	0	1
Q4081	INJ EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
Q4158	KERECIS OMEGA3 PER SQUARE CM		1	0	1
APPROVED			1	0	1
Q4177	FLOWERAMNIOFLO 0.1 CC		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Q4186	EPIFIX PER SQ CM		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
Q4196	PURAPLY AM PER SQ CM		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Not a Covered Benefit			0	3	3
Q4197	PURAPLY XT PER SQ CM		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
Q5001	HOSPICE/HOME HEALTH CARE PROV PT HOME/RESIDENCE		4	0	4
APPROVED			4	0	4
Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL		3	0	3
APPROVED			3	0	3
Q5006	HOSPICE CARE PROV INPATIENT HOSPICE FACILITY		5	0	5
APPROVED			5	0	5
Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG		1	0	1
APPROVED			1	0	1
Q5120	INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG		1	0	1
APPROVED			1	0	1
Q9965	LOCM 100-199 MG/ML IODINE CONCENTRATION PER ML		1	0	1
APPROVED			1	0	1
Q9966	LOCM 200-299 MG/ML IODINE CONCENTRATION PER ML		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Q9967	LOCM 300-399 MG/ML IODINE CONCENTRATION PER ML		17	3	20

APPROVED		17	0	17
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Q9969	TC-99M NON-HEU FULL COST REC ADD-ON PER STDY DOS	1	0	1
APPROVED		1	0	1
R0070	TRANS PRTBL X-RAY EQP and PERS HOM/NRS HOM-TRIP 1 PT	0	2	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
S0020	INJECTION BUPIVICAINE HYDROCHLORIDE 30 ML	1	0	1
APPROVED		1	0	1
S0030	INJECTION METRONIDAZOLE 500 MG	1	0	1
APPROVED		1	0	1
S0164	INJECTION PANTOPRAZOLE SODIUM 40 MG	1	0	1
APPROVED		1	0	1
S1015	IV TUBING EXTENSION SET	2	0	2
APPROVED		2	0	2
S2068	BREAST RECON DIEP/SIEA FLAP and CLOS DONR SITE UNI	10	0	10
APPROVED		10	0	10
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI	3	0	3
APPROVED		3	0	3
S2900	SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS	1	5	6
APPROVED		1	0	1
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
Denied Not a Covered Benefit		0	1	1
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	0	2	2
DENIED		0	2	2
Denied Not a Covered Benefit		0	2	2
S5501	HOME INFUS TX CATH CARE/MAINT COMPLEX PER DIEM	1	0	1
APPROVED		1	0	1
S8950	COMPLEX LYMPHEDEMA THERAPY EACH 15 MINUTES	9	9	18
APPROVED		9	0	9
DENIED		0	9	9
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
S9122	HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM;-HR	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Benefit limits exceeded		0	1	1
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
S9126	HOSPICE CARE IN THE HOME PER DIEM	7	3	10
APPROVED		7	0	7
DENIED		0	3	3
Denied Non Participating Provider		0	3	3
S9128	SPEECH THERAPY IN THE HOME PER DIEM	4	3	7

APPROVED			4	0	4
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Not a Covered Benefit			0	1	1
S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
S9152	SPEECH THERAPY RE-EVALUATION		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
S9379	HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
S9445	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN		9	0	9
APPROVED			9	0	9
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM		27	1	28
APPROVED			27	0	27
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
S9500	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q24 HRS DIEM		2	0	2
APPROVED			2	0	2
S9501	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q12 HRS DIEM		1	0	1
APPROVED			1	0	1
T1000	PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
T1007	ALCOHOL and /SUBSTNC ABS SRVC TX PLAN DVLP and /MOD		6	0	6
APPROVED			6	0	6
T1020	PERSONAL CARE SERVICES PER DIEM		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
T1021	HOME HEALTH AIDE/CERTIFIED NURSE ASST PER VISIT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Benefit limits exceeded			0	1	1
T1023	SCR CONSIDER IND PARTICIP SPEC PROG PROJ/TX PER		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
T1027	FAMILY TRAIN AND COUNSEL CHILD DEVELOPMENT 15 MINS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC		1	0	1
APPROVED			1	0	1
T2042	HOSPICE ROUTINE HOME CARE; PER DIEM		2	2	4
APPROVED			2	0	2

DENIED			0	2	2
Denied Non Participating Provider			0	2	2
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM		8	0	8
APPROVED			8	0	8
T4522	ADLT SIZED DISPBL INCONT PROD BRP/DIAPER MED EA		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
T4526	ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA		0	2	2
DENIED			0	2	2
Denied Not a Covered Benefit			0	2	2
T4527	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
T4528	ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
U0001	CDC 2019 NOVEL CORONAVIRUS RT-PCR DX PANEL		2	0	2
APPROVED			2	0	2
V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS		0	2	2
DENIED			0	2	2
Denied Not a Covered Benefit			0	2	2
V2623	PROSTHETIC EYE PLASTIC CUSTOM		2	0	2
APPROVED			2	0	2
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS		1	0	1
APPROVED			1	0	1
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER		1	0	1
APPROVED			1	0	1
V2629	Prosthetic eye other type		1	0	1
APPROVED			1	0	1
V5261	HEARING AID DIGITAL BINAURAL BTE		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
Prior Authorization Grand Totals			48815	18756	67571