

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
00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS		2	0	2
APPROVED			2	0	2
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES		2	25	27
APPROVED			2	0	2
DENIED			0	25	25
Denied Appeal Denial Upheld			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	16	16
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	3	3
0067U	ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Experimental Service or Procedure			0	1	1
0087U	CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG		1	0	1
APPROVED			1	0	1
0101T	EXTRACORPOREAL SHOCK WAVE MUSCSKEL SYS NOS		2	2	4

APPROVED			2	0	2
DENIED			0	2	2
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0124			38	1	39
APPROVED			38	0	38
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0126			2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0152U	NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ		1	0	1
APPROVED			1	0	1
0170	Nursery - General		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0171	Nursery - Newborn - Level I		36	9	45
APPROVED			36	0	36
DENIED			0	9	9
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
0172	Nursery - Newborn - Level II		87	32	119
APPROVED			87	0	87
DENIED			0	32	32

Denied Additional Information Not Received			0	11	11
Denied Medical Necessity Criteria Not Met Medical Director			0	21	21
0173	Nursery - Newborn - Level III		102	23	125
APPROVED			102	0	102
DENIED			0	23	23
Denied Additional Information Not Received			0	6	6
Denied Delay in Service			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	15	15
0174	Nursery - Newborn - Level IV		30	2	32
APPROVED			30	0	30
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
01922	ANES NON-INVASIVE IMAGING/RADIATION THERAPY		1	0	1
APPROVED			1	0	1
01939	ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP CRV/THRC		1	0	1
APPROVED			1	0	1
01991	ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
01992	ANES DX/THER NERVE BLOCK/INJECTION PRONE POS		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
0210			1	0	1
APPROVED			1	0	1

0214			1	0	1
APPROVED			1	0	1
0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA		1	0	1
APPROVED			1	0	1
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 Plus		2	22	24
APPROVED			2	0	2
DENIED			0	22	22
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
Denied Not a Covered Benefit			0	7	7
Experimental Service or Procedure			0	3	3
0242U	TRGT GEN SEQ ALYS PNL SOLID ORGN NEO DNA 55-74		2	24	26
APPROVED			2	0	2
DENIED			0	24	24
Denied for No Pre-authorization			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	1	1
0275T	PERC LAMINO-/LAMINECTOMY INDIR IMAG GUIDE LUMBAR		1	0	1
APPROVED			1	0	1
0326U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 83 Plus		4	24	28
APPROVED			4	0	4
DENIED			0	24	24
Denied for No Pre-authorization			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
Denied Not a Covered Benefit			0	1	1
Experimental Service or Procedure			0	5	5

0329U	ONC NEOPLASIA XOME and TRNS SEQ ALYS DNA and RNA TUMOR	0	1	1
DENIED		0	1	1
D-13 Deny		0	1	1
0334U	ONC SLD ORGN TGSA FFPE TUM TISS DNA 84/ Plus GEN	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
0340U	ONC PAN CANCER ANALYSIS MRD FROM PLASMA	0	3	3
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	1	0	1
APPROVED		1	0	1
0404T	TRANSCERVICAL UTERINE FIBROID ABLTJ W/US GDN RF	0	4	4
DENIED		0	4	4
Denied Appeal Denial Upheld		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Experimental Service or Procedure		0	1	1
0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	1	0	1
APPROVED		1	0	1
0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS	1	0	1
APPROVED		1	0	1
0539T	CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN	1	0	1

APPROVED			1	0	1
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION		1	0	1
APPROVED			1	0	1
0550			1	0	1
APPROVED			1	0	1
0641T	NCNTC NR IFR SPECTRSC FLAP/WND IMG ACQUISJ ONLY		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0642T	NCNTC NR IFR SPECTRSC FLAP/WND I and R ONLY		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT		3	0	3
APPROVED			3	0	3
0905			2	0	2
APPROVED			2	0	2
0912			8	0	8
APPROVED			8	0	8
10005	FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION		2	0	2
APPROVED			2	0	2
10006	FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL		1	0	1
APPROVED			1	0	1
1002			14	0	14
APPROVED			14	0	14
10021	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION		1	0	1
APPROVED			1	0	1
10030	IMG-GUIDED FLU COLLJ DRG CATH SOFT TISS PERQ		1	0	1

APPROVED			1	0	1
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION		1	0	1
APPROVED			1	0	1
11104	PUNCH BIOPSY SKIN SINGLE LESION		1	0	1
APPROVED			1	0	1
11106	INCISIONAL BIOPSY SKIN SINGLE LESION		1	0	1
APPROVED			1	0	1
11406	EXC B9 LESION MRGN XCP SK TG T/A/L GT 4.0 CM		1	0	1
APPROVED			1	0	1
11970	REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT		1	0	1
APPROVED			1	0	1
11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT		1	0	1
APPROVED			1	0	1
11981	INSERTION DRUG DELIVERY IMPLANT		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT		2	0	2
APPROVED			2	0	2
12036	REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM		1	0	1
APPROVED			1	0	1
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM OR LT		1	0	1
APPROVED			1	0	1

13160	SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	1	0	1
APPROVED		1	0	1
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	1	0	1
APPROVED		1	0	1
14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	8	0	8
APPROVED		8	0	8
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	6	0	6
APPROVED		6	0	6
15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	1	0	1
APPROVED		1	0	1
15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	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	2	0	2
APPROVED		2	0	2
15570	FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK	1	0	1
APPROVED		1	0	1
15733	MUSC MYOQ/FSCQ FLAP HEAD and NECK W/NAMED VASC PEDCL	1	0	1
APPROVED		1	0	1
15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	2	0	2
APPROVED		2	0	2
15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	1	0	1
APPROVED		1	0	1

15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	8	3	11
APPROVED		8	0	8
DENIED		0	3	3
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	17	2	19
APPROVED		17	0	17
DENIED		0	2	2
Denied Not a Covered Benefit		0	2	2
15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Not a Covered Benefit		0	2	2
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
15822	BLEPHAROPLASTY UPPER EYELID	1	0	1
APPROVED		1	0	1
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	3	0	3
APPROVED		3	0	3
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	2	0	2
APPROVED		2	0	2
15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	2	0	2
APPROVED		2	0	2

15840	GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	3	0	3
APPROVED		3	0	3
15842	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	2	0	2
APPROVED		2	0	2
15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	12	1	13
APPROVED		12	0	12
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
15877	SUCTION ASSISTED LIPECTOMY TRUNK	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	1	0	1
APPROVED		1	0	1
19083	BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	1	0	1
APPROVED		1	0	1
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1 OR GT LESION	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
19303	MASTECTOMY SIMPLE COMPLETE	6	0	6
APPROVED		6	0	6
19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	1	0	1
APPROVED		1	0	1
19316	MASTOPEXY	5	1	6
APPROVED		5	0	5
DENIED		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
19318	BREAST REDUCTION		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
19328	REMOVAL INTACT BREAST IMPLANT		1	0	1
APPROVED			1	0	1
19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY		6	0	6
APPROVED			6	0	6
19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION		7	3	10
APPROVED			7	0	7
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	2	2
19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP		5	0	5
APPROVED			5	0	5
19364	BREAST RECONSTRUCTION W/FREE FLAP		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
19370	REVISION PERI-IMPLANT CAPSULE BREAST		4	0	4
APPROVED			4	0	4
19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE		7	0	7
APPROVED			7	0	7
19380	REVISION OF RECONSTRUCTED BREAST		4	2	6
APPROVED			4	0	4

DENIED			0	2	2
Denied Not a Covered Benefit			0	2	2
20553	INJECTION SINGLE/MLT TRIGGER POINT 3 OR GT MUSCLES		2	0	2
APPROVED			2	0	2
20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES		8	4	12
APPROVED			8	0	8
DENIED			0	4	4
Denied Additional Therapies			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES		8	4	12
APPROVED			8	0	8
DENIED			0	4	4
Denied Additional Therapies			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
20605	ARTHROCENTESIS ASPIR and /INJ INTERM JT/BURS W/O US		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
20610	ARTHROCENTESIS ASPIR and /INJ MAJOR JT/BURSA W/O US		2	4	6
APPROVED			2	0	2
DENIED			0	4	4
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE		1	0	1
APPROVED			1	0	1

20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	3	0	3
APPROVED		3	0	3
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	1	0	1
APPROVED		1	0	1
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	19	0	19
APPROVED		19	0	19
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	1	0	1
APPROVED		1	0	1
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	13	0	13
APPROVED		13	0	13
20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	4	0	4
APPROVED		4	0	4
20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	1	0	1
APPROVED		1	0	1
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	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
21014	EXC TUMOR SOFT TISS FACE and SCALP SUBFASCIAL 2 CM OR GT	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	2	0	2
APPROVED		2	0	2
21600	EXCISION RIB PARTIAL	5	0	5
APPROVED		5	0	5

21620	OSTECTOMY STERNUM PARTIAL	1	0	1
APPROVED		1	0	1
21630	RADICAL RESECTION STERNUM	1	0	1
APPROVED		1	0	1
22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	4	0	4
APPROVED		4	0	4
22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	5	0	5
APPROVED		5	0	5
22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	4	0	4
APPROVED		4	0	4
22325	OPTX and /RDCTJ VRT FX and /DISLC PST 1 VRT SGM LM	1	0	1
APPROVED		1	0	1
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	12	0	12
APPROVED		12	0	12
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	10	0	10
APPROVED		10	0	10
22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	1	0	1
APPROVED		1	0	1
22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	15	0	15
APPROVED		15	0	15
22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	6	0	6
APPROVED		6	0	6
22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	4	0	4
APPROVED		4	0	4
22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	14	0	14

APPROVED			14	0	14
22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC		11	0	11
APPROVED			11	0	11
22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR		1	0	1
APPROVED			1	0	1
22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR		10	0	10
APPROVED			10	0	10
22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL		1	0	1
APPROVED			1	0	1
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM		2	0	2
APPROVED			2	0	2
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 Plus VRT SGM		2	0	2
APPROVED			2	0	2
22830	EXPLORATION SPINAL FUSION		4	0	4
APPROVED			4	0	4
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION		9	0	9
APPROVED			9	0	9
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG		5	0	5
APPROVED			5	0	5
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG		3	0	3
APPROVED			3	0	3
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13 OR GT VRT SE		2	0	2
APPROVED			2	0	2
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS		8	0	8
APPROVED			8	0	8

22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	3	0	3
APPROVED		3	0	3
22849	REINSERTION SPINAL FIXATION DEVICE	1	0	1
APPROVED		1	0	1
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	2	0	2
APPROVED		2	0	2
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	2	0	2
APPROVED		2	0	2
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	20	0	20
APPROVED		20	0	20
22855	REMOVAL ANTERIOR INSTRUMENTATION	1	0	1
APPROVED		1	0	1
22856	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	4	0	4
APPROVED		4	0	4
22899	UNLISTED PROCEDURE SPINE	2	0	2
APPROVED		2	0	2
23120	CLAVICULECTOMY PARTIAL	1	0	1
APPROVED		1	0	1
23170	SEQUESTRECTOMY CLAVICLE	1	0	1
APPROVED		1	0	1
23405	TENOTOMY SHOULDER AREA 1 TENDON	1	0	1
APPROVED		1	0	1
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	2	0	2
APPROVED		2	0	2
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	3	0	3
APPROVED		3	0	3

23430	TENODESIS LONG TENDON BICEPS	4	0	4
APPROVED		4	0	4
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	6	0	6
APPROVED		6	0	6
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	1	0	1
APPROVED		1	0	1
23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	1	0	1
APPROVED		1	0	1
23700	MNPJ W/ANES SHOULDER JT APPL FIXATION APPARATUS	1	0	1
APPROVED		1	0	1
24341	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA TDN/MUSC	1	0	1
APPROVED		1	0	1
25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
25310	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM and /WRST 1 EA TDN	1	0	1
APPROVED		1	0	1
25447	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	2	0	2
APPROVED		2	0	2
25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
27096	INJECT SI JOINT ARTHRGPHY and /ANES/STEROID W/IMA	1	2	3
APPROVED		1	0	1
DENIED		0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT		27	3	30
APPROVED			27	0	27
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT		1	0	1
APPROVED			1	0	1
27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT		1	0	1
APPROVED			1	0	1
27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ		1	0	1
APPROVED			1	0	1
27279	ARTHRODESIS SI JOINT PERCUTANEOUS/MIN INVASIVE		1	0	1
APPROVED			1	0	1
27305	FASCIOTOMY ILIOTIBIAL OPEN		1	0	1
APPROVED			1	0	1
27334	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR		2	0	2
APPROVED			2	0	2
27335	ARTHRT W/SYNVCT KNE ANT and POST W/POP AREA		1	0	1
APPROVED			1	0	1
27356	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT		1	0	1
APPROVED			1	0	1
27407	REPAIR PRIMARY TORN LIGM and /CAPSULE KNEE CRUCIAT		1	0	1
APPROVED			1	0	1

27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	1	0	1
APPROVED		1	0	1
27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC RL	1	0	1
APPROVED		1	0	1
27425	LATERAL RETINACULAR RELEASE OPEN	1	0	1
APPROVED		1	0	1
27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	3	0	3
APPROVED		3	0	3
27430	QUADRICEPSPLASTY	1	0	1
APPROVED		1	0	1
27438	ARTHROPLASTY PATELLA W/PROSTHESIS	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
27446	ARTHRP KNEE CONDYLE and PLATEAU MEDIAL/LAT CMPRT	2	0	2
APPROVED		2	0	2
27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	63	7	70
APPROVED		63	0	63
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
Denied Member Ineligible		0	1	1
27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	6	0	6
APPROVED		6	0	6
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	4	0	4
APPROVED		4	0	4
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	1	0	1

APPROVED			1	0	1
27599	UNLISTED PROCEDURE FEMUR/KNEE		1	0	1
APPROVED			1	0	1
27606	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES		1	0	1
APPROVED			1	0	1
27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG and /ANK		1	0	1
APPROVED			1	0	1
27680	TENOLYSIS FLXR/XTNRSR TENDON LEG and /ANKLE 1 EACH		1	0	1
APPROVED			1	0	1
27687	GASTROCNEMIUS RECESSION		2	0	2
APPROVED			2	0	2
27691	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP		1	0	1
APPROVED			1	0	1
28005	INCISION BONE CORTEX FOOT		1	0	1
APPROVED			1	0	1
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON		1	0	1
APPROVED			1	0	1
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX		2	0	2
APPROVED			2	0	2
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT		2	0	2
APPROVED			2	0	2
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX		0	3	3
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2

28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	1	0	1
APPROVED		1	0	1
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	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	2	0	2
APPROVED		2	0	2
28120	PARTIAL EXCISION BONE TALUS/CALCANEUS	1	0	1
APPROVED		1	0	1
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
28124	PARTICAL EXCISION BONE PHALANX TOE	2	0	2
APPROVED		2	0	2
28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	1	0	1
APPROVED		1	0	1
28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	1	0	1
APPROVED		1	0	1
28270	CAPSUL MTTARPHLNGJ JT W/WO TENORRHAPHY EA JT SPX	3	0	3
APPROVED		3	0	3
28285	CORRECTION HAMMERTOES	6	3	9
APPROVED		6	0	6
DENIED		0	3	3

Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
28292	CORRJ HLX VLGS BNCTY SESMDC RESCJ PROX PHLX BASE		1	0	1
APPROVED			1	0	1
28296	CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
28297	CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS		2	0	2
APPROVED			2	0	2
28298	CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT		3	0	3
APPROVED			3	0	3
28299	CORRJ HLX VLGS BNCTY SESMDC W/DOUBLE OSTEOTOMY		3	0	3
APPROVED			3	0	3
28300	OSTEOTOMY CALCANEUS W/VO INTERNAL FIXATION		1	0	1
APPROVED			1	0	1
28308	OSTEOT W/VO 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
28705	ARTHRODESIS PANTALAR		1	0	1
APPROVED			1	0	1
28725	ARTHRODESIS SUBTALAR		4	0	4
APPROVED			4	0	4
28730	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS		3	0	3
APPROVED			3	0	3

28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	5	0	5
APPROVED		5	0	5
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	4	0	4
APPROVED		4	0	4
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	2	0	2
APPROVED		2	0	2
28810	AMPUTATION METATARSAL W/TOE SINGLE	1	0	1
APPROVED		1	0	1
29055	APPLICATION CAST SHOULDER SPICA	1	0	1
APPROVED		1	0	1
29305	APPLICATION HIP SPICA CAST 1 LEG	1	0	1
APPROVED		1	0	1
29805	DIAGNOSTIC ARTHROSCOPY SHOULDER Plus - SYNOVIAL BX	3	0	3
APPROVED		3	0	3
29806	SURGICAL ARTHROSCOPY SHOULDER CAPSULORRHAPHY	1	0	1
APPROVED		1	0	1
29807	SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION	3	0	3
APPROVED		3	0	3
29820	SURGICAL ARTHROSCOPY SHOULDER PRTL SYNOVECTOMY	2	0	2
APPROVED		2	0	2
29822	SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2	5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

29823	SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3 Plus	9	0	9
APPROVED		9	0	9
29824	SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC	9	2	11
APPROVED		9	0	9
DENIED		0	2	2
Denied for No Pre-authorization		0	2	2
29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	5	0	5
APPROVED		5	0	5
29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	27	0	27
APPROVED		27	0	27
29828	SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	12	0	12
APPROVED		12	0	12
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	2	0	2
APPROVED		2	0	2
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	3	0	3
APPROVED		3	0	3
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GT COMPARTMENTS	7	0	7
APPROVED		7	0	7
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	17	0	17
APPROVED		17	0	17

29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Additional Information Not Received		0	1	1
29880	ARTHRS KNEE W/MENISCECTOMY MED and LAT W/SHAVING	20	0	20
APPROVED		20	0	20
29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	41	2	43
APPROVED		41	0	41
DENIED		0	2	2
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	15	0	15
APPROVED		15	0	15
29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL and LATERAL	5	0	5
APPROVED		5	0	5
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/VO MANJ SPX	4	0	4
APPROVED		4	0	4
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	1	0	1
APPROVED		1	0	1
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	21	1	22
APPROVED		21	0	21
DENIED		0	1	1
Denied Additional Information Not Received		0	1	1
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	1	0	1

APPROVED			1	0	1
29893	ENDOSCOPIC PLANTAR FASCIOTOMY		2	0	2
APPROVED			2	0	2
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE		6	0	6
APPROVED			6	0	6
29914	ARTHROSCOPY HIP W/FEMOROPLASTY		1	0	1
APPROVED			1	0	1
29915	ARTHROSCOPY HIP W/ACETABULOPLASTY		1	0	1
APPROVED			1	0	1
29916	ARTHROSCOPY HIP W/LABRAL REPAIR		1	0	1
APPROVED			1	0	1
29999	UNLISTED PROCEDURE ARTHROSCOPY		5	0	5
APPROVED			5	0	5
30125	EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
30400	RHINP PRIM LAT and ALAR CRTLGs and /ELVTN NASAL TI		1	0	1
APPROVED			1	0	1
30410	RHINP PRIM COMPLETE XTRNL PARTS		1	0	1

APPROVED			1	0	1
30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR		1	0	1
APPROVED			1	0	1
30460	RHINP DFRM W/COLUM LNTH TIP ONLY		1	0	1
APPROVED			1	0	1
30465	REPAIR NASAL VESTIBULAR STENOSIS		1	0	1
APPROVED			1	0	1
30469	RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF		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
30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL		1	0	1
APPROVED			1	0	1
31225	MAXILLECTOMY W/O ORBITAL EXENTERATION		1	0	1
APPROVED			1	0	1
31237	NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL		9	0	9

APPROVED			9	0	9
31257	NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY		4	0	4
APPROVED			4	0	4
31259	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL		8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
31276	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS		17	2	19
APPROVED			17	0	17
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS		2	0	2
APPROVED			2	0	2
31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS		3	0	3
APPROVED			3	0	3
31298	NASAL/SINUS NDSC SURG W/DILATION FRNT and SPHN SINUS		13	2	15
APPROVED			13	0	13
DENIED			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
31535	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY		1	0	1
APPROVED			1	0	1
31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX		1	0	1
APPROVED			1	0	1
31623	BRNCHSC BRUSHING/PROTECTED BRUSHINGS		1	0	1
APPROVED			1	0	1
31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE		1	0	1
APPROVED			1	0	1
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
31652	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX		1	0	1
APPROVED			1	0	1
31654	BRNSCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES		1	0	1
APPROVED			1	0	1
32100	THORACOTOMY WITH EXPLORATION		1	0	1
APPROVED			1	0	1
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	1	0	1
APPROVED		1	0	1
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	1	0	1
APPROVED		1	0	1
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXXN INITIAL	1	0	1
APPROVED		1	0	1
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	1	0	1
APPROVED		1	0	1
32650	THORACOSCOPY W/PLEURODESIS	1	0	1
APPROVED		1	0	1
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	1	0	1
APPROVED		1	0	1
32666	THORACOSCOPY W/THERA WEDGE RESEXXN INITIAL UNILAT	3	0	3
APPROVED		3	0	3
32674	THORCOSCPY W/MEDIASTINL and REGIONL LYMPHDENECTOMY	2	0	2
APPROVED		2	0	2
32853	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	4	0	4
APPROVED		4	0	4
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	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	0	1	1
DENIED		0	1	1

Denied Elective Service - Out of Area/Non-contract provider			0	1	1
33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL and VENT		5	0	5
APPROVED			5	0	5
33212	INS PM PLS GEN W/EXIST SINGLE LEAD		1	0	1
APPROVED			1	0	1
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB		1	0	1
APPROVED			1	0	1
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB		1	0	1
APPROVED			1	0	1
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
33228	REMLV PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS		2	0	2
APPROVED			2	0	2
33229	REMLV PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD		1	0	1
APPROVED			1	0	1
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR		14	2	16
APPROVED			14	0	14
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
33257	ATRIA ABLATE and RCNSTJ W/OTHER PROCEDURE LIMITE		1	0	1
APPROVED			1	0	1
33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD		1	0	1
APPROVED			1	0	1

33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	1	0	1
APPROVED		1	0	1
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	1	0	1
APPROVED		1	0	1
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	1	0	1
APPROVED		1	0	1
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	10	1	11
APPROVED		10	0	10
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	2	0	2
APPROVED		2	0	2
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	1	0	1
APPROVED		1	0	1
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	4	0	4
APPROVED		4	0	4
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	2	0	2
APPROVED		2	0	2
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	1	0	1
APPROVED		1	0	1
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	3	0	3
APPROVED		3	0	3
33415	RESECTION/INCISION SUBVALVULAR TISSUE	1	0	1
APPROVED		1	0	1
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	2	0	2

APPROVED			2	0	2
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/VO RING		1	0	1
APPROVED			1	0	1
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP		4	0	4
APPROVED			4	0	4
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS		2	0	2
APPROVED			2	0	2
33468	TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY		1	0	1
APPROVED			1	0	1
33478	OUTFLOW TRACT AGMNTJ W/VO COMMISSUR/INFUND RESCJ		1	0	1
APPROVED			1	0	1
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL		1	0	1
APPROVED			1	0	1
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG		4	0	4
APPROVED			4	0	4
33517	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 1 VEIN		2	0	2
APPROVED			2	0	2
33519	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 3 VEIN		2	0	2
APPROVED			2	0	2
33521	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 4 VEIN		1	0	1
APPROVED			1	0	1
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT		4	0	4
APPROVED			4	0	4
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT		1	0	1
APPROVED			1	0	1

33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	1	0	1
APPROVED		1	0	1
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	1	0	1
APPROVED		1	0	1
33924	LIG and TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	1	0	1
APPROVED		1	0	1
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	1	0	1
APPROVED		1	0	1
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	1	0	1
APPROVED		1	0	1
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
33975	INSJ VENTRIC ASSIST DEV XTRCOP SINGLE VENTRICLE	1	0	1
APPROVED		1	0	1
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	1	0	1
APPROVED		1	0	1
34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	1	0	1
APPROVED		1	0	1
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

35371	TEAEC W/VO PATCH GRAFT COMMON FEMORAL	1	0	1
APPROVED		1	0	1
35390	ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	1	0	1
APPROVED		1	0	1
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	1	0	1
APPROVED		1	0	1
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	1	0	1
APPROVED		1	0	1
35701	EXPLORATION N/FLWD SURG NECK ARTERY	1	0	1
APPROVED		1	0	1
35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	3	0	3
APPROVED		3	0	3
35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	1	0	1
APPROVED		1	0	1
36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	1	0	1
APPROVED		1	0	1
36200	INTRODUCTION CATHETER AORTA	1	1	2
APPROVED		1	0	1
DENIED		0	1	1

Denied Non Participating Provider			0	1	1
36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC		2	1	3
APPROVED			2	0	2
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH		10	2	12
APPROVED			10	0	10
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
36247	SLCTV CATHJ 3RD Plus ORD SLCTV ABDL PEL/LXTR BRNCH		12	3	15
APPROVED			12	0	12
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
36248	SLCTV CATHJ EA 2ND Plus ORD ABDL PEL/LXTR ART BRNCH		12	2	14
APPROVED			12	0	12
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE		1	3	4
APPROVED			1	0	1

DENIED			0	3	3
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
36430	TRANSFUSION BLOOD/BLOOD COMPONENTS		2	0	2
APPROVED			2	0	2
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN		62	2	64
APPROVED			62	0	62
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS		37	2	39
APPROVED			37	0	37
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN		15	0	15
APPROVED			15	0	15
36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS		58	3	61
APPROVED			58	0	58
DENIED			0	3	3
Denied for No Pre-authorization			0	1	1
Denied Non Participating Provider			0	2	2
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN		115	6	121
APPROVED			115	0	115
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	2	2

36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	13	0	13
APPROVED		13	0	13
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	32	5	37
APPROVED		32	0	32
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	3	3
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	4	0	4
APPROVED		4	0	4
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	3	7	10
APPROVED		3	0	3
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
Denied Not a Covered Benefit		0	2	2
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	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
36514	THERAPEUTIC Apheresis PLASMA PHERESIS	7	0	7
APPROVED		7	0	7
36558	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR OR GT	1	0	1
APPROVED		1	0	1
36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR OR GT	3	0	3
APPROVED		3	0	3
36573	INSERTION PICC W/RS and I 5 YR OR GT	1	0	1

APPROVED			1	0	1
36589	RMVL TUN CVC W/O SUBQ PORT/PMP		1	0	1
APPROVED			1	0	1
36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ		2	0	2
APPROVED			2	0	2
36901	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S AND I		6	0	6
APPROVED			6	0	6
36902	INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP		6	0	6
APPROVED			6	0	6
36903	INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT		6	0	6
APPROVED			6	0	6
36904	PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH		5	0	5
APPROVED			5	0	5
36905	PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP		5	0	5
APPROVED			5	0	5
36906	PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT		5	0	5
APPROVED			5	0	5
36907	TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S and I		6	0	6
APPROVED			6	0	6
36908	STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR		6	0	6
APPROVED			6	0	6
36909	DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S AND I		6	0	6
APPROVED			6	0	6
37182	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT		1	0	1
APPROVED			1	0	1

37191	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS and I	1	0	1
APPROVED		1	0	1
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	3	0	3
APPROVED		3	0	3
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	25	1	26
APPROVED		25	0	25
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT and ANGIOPLSTY	28	1	29
APPROVED		28	0	28
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37222	REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	3	0	3
APPROVED		3	0	3
37223	REVSC OPN/PRQ ILIAC ART W/STNT and ANGIOP IPSILATL	3	0	3
APPROVED		3	0	3
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	25	1	26
APPROVED		25	0	25
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	26	1	27
APPROVED		26	0	26
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	23	1	24
APPROVED		23	0	23
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	29	2	31
APPROVED		29	0	29
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	29	1	30
APPROVED		29	0	29
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	26	1	27
APPROVED		26	0	26
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	20	1	21
APPROVED		20	0	20
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	20	1	21
APPROVED		20	0	20
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	2	0	2
APPROVED		2	0	2
37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	2	0	2
APPROVED		2	0	2
37234	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	2	0	2
APPROVED		2	0	2
37235	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	2	0	2
APPROVED		2	0	2
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	1	0	1
APPROVED		1	0	1
37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS AND I	1	0	1
APPROVED		1	0	1
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS AND I	7	2	9
APPROVED		7	0	7
DENIED		0	2	2
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	21	3	24
APPROVED		21	0	21
DENIED		0	3	3
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
37247	TRLML BALO ANGIOP OPEN/PERQ IMG S and I EA ADDL ART	1	0	1
APPROVED		1	0	1

37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S and I 1ST VEIN	1	0	1
APPROVED		1	0	1
37252	INTRAVASCULAR US NONCORONARY RS AND I INTIAL VESSEL	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
37253	INTRAVASCULAR US NONCORONARY RS AND I ADDL VESSEL	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
37722	LIGJ DIVJ and STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	16	1	17
APPROVED		16	0	16
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37766	STAB PHLEBT VARICOSE VEINS 1 XTR GT 20 INCS	5	0	5
APPROVED		5	0	5
37785	LIGJ DIVJ and /EXCJ VARICOSE VEIN CLUSTER 1 LEG	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
37799	UNLISTED PROCEDURE VASCULAR SURGERY	2	0	2
APPROVED		2	0	2
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	8	0	8

APPROVED			8	0	8
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		5	0	5
APPROVED			5	0	5
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR		1	0	1
APPROVED			1	0	1
38221	DIAGNOSTIC BONE MARROW BIOPSIES		6	0	6
APPROVED			6	0	6
38222	DIAGNOSTIC BONE MARROW BIOPSIES AND ASPIRATIONS		1	0	1
APPROVED			1	0	1
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS		1	0	1
APPROVED			1	0	1
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR		5	0	5
APPROVED			5	0	5
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR		6	0	6
APPROVED			6	0	6
38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL		2	0	2
APPROVED			2	0	2
38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL		4	0	4
APPROVED			4	0	4
38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE		2	0	2
APPROVED			2	0	2
38562	LMTD LMPHADEC STAGING SPX PEL AND PARA-AORTIC		1	0	1
APPROVED			1	0	1

38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	3	0	3
APPROVED		3	0	3
38573	LAPS W/BI TOT PEL LMPHADEC and OMNTC LYMPH BX	2	0	2
APPROVED		2	0	2
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	1	0	1
APPROVED		1	0	1
38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	2	0	2
APPROVED		2	0	2
38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	1	0	1
APPROVED		1	0	1
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	2	0	2
APPROVED		2	0	2
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	2	0	2
APPROVED		2	0	2
40720	PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT and RECL	1	0	1
APPROVED		1	0	1
41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	2	0	2
APPROVED		2	0	2
42120	RESCJ PALATE/EXTENSIVE RESCJ LESION	1	0	1
APPROVED		1	0	1
42820	TONSILLECTOMY and ADENOIDECTOMY LT AGE 12	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
42821	TONSILLECTOMY and ADENOIDECTOMY AGE 12 OR GT	1	1	2

APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12 OR GT		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
42975	DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX		3	0	3
APPROVED			3	0	3
43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH		1	0	1
APPROVED			1	0	1
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC		8	5	13
APPROVED			8	0	8
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	4	4
43237	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE		11	4	15
APPROVED			11	0	11
DENIED			0	4	4
Denied Non Participating Provider			0	4	4
43242	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY		1	0	1
APPROVED			1	0	1
43245	EGD DILATION GASTRIC/DUODENAL STRICTURE		4	1	5

APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
43249	EGD BALLOON DILATION ESOPHAGUS LT 30 MM DIAM		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
43251	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
43260	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING		1	0	1
APPROVED			1	0	1
43275	ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT		1	0	1
APPROVED			1	0	1
43496	FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS		1	0	1
APPROVED			1	0	1
43497	TRANSORAL LOWER ESOPHAGEAL MYOTOMY		1	0	1
APPROVED			1	0	1
43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC		1	0	1
APPROVED			1	0	1
43610	EXC LOCAL ULCER/BENIGN TUMOR STOMACH		1	0	1
APPROVED			1	0	1
43611	EXC LOCAL MALIGNANT TUMOR STOMACH		1	0	1
APPROVED			1	0	1
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN- Y LIMB LT 150 CM		1	0	1
APPROVED			1	0	1

43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	1	0	1
APPROVED		1	0	1
43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	2	0	2
APPROVED		2	0	2
43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Administrative		0	1	1
Denied Not a Covered Benefit		0	1	1
44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ AND ANAST	1	0	1
APPROVED		1	0	1
44140	COLECTOMY PARTIAL W/ANASTOMOSIS	1	0	1
APPROVED		1	0	1
44143	COLECTOMY PRTL W/END COLOSTOMY and CLSR DSTL SGMT	2	0	2
APPROVED		2	0	2
44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	3	0	3
APPROVED		3	0	3
44146	COLECTOMY PRTL W/COLOPROCTOSTOMY and COLOSTOMY	1	0	1
APPROVED		1	0	1
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	1	0	1
APPROVED		1	0	1
44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ AND ANA	1	0	1
APPROVED		1	0	1

44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	7	0	7
APPROVED		7	0	7
44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	4	0	4
APPROVED		4	0	4
44206	LAPS COLECTOMY PRTL W/END CLST and CLSR DSTL SGM	2	0	2
APPROVED		2	0	2
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	5	0	5
APPROVED		5	0	5
44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	5	0	5
APPROVED		5	0	5
44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	4	0	4
APPROVED		4	0	4
44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ and ANASTOMOSIS	3	0	3
APPROVED		3	0	3
44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	1	0	1
APPROVED		1	0	1
44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	1	0	1
APPROVED		1	0	1
44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	4	0	4
APPROVED		4	0	4
44625	CLSR NTRSTM LG/SM RESCJ and ANAST OTH/THN CLRCT	3	0	3
APPROVED		3	0	3
44626	CLSR NTRSTM LG/SM RESCJ and COLORECTAL ANASTOMOSIS	1	0	1
APPROVED		1	0	1
44640	CLOSURE INTESTINAL CUTANEOUS FISTULA	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		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		3	0	3
APPROVED			3	0	3
45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD		5	0	5
APPROVED			5	0	5
45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE		1	0	1
APPROVED			1	0	1
45332	SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY		1	0	1
APPROVED			1	0	1
45333	SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS		1	0	1
APPROVED			1	0	1
45334	SIGMOIDOSCOPY FLX CONTROL BLEEDING		1	0	1
APPROVED			1	0	1
45335	SGMDSC FLX Dired SBMCSL NJX ANY SBST		1	0	1
APPROVED			1	0	1
45337	SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE		1	0	1
APPROVED			1	0	1
45338	SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ		1	0	1
APPROVED			1	0	1

45340	SIGMOIDOSCOPY FLX TNDSC BALO DILAT	1	0	1
APPROVED		1	0	1
45341	SIGMOIDOSCOPY FLX NDSC US XM	1	0	1
APPROVED		1	0	1
45342	SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	1	0	1
APPROVED		1	0	1
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	9	4	13
APPROVED		9	0	9
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	3	3
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	10	5	15
APPROVED		10	0	10
DENIED		0	5	5
Denied Non Participating Provider		0	5	5
45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Denied Non Participating Provider		0	3	3
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	3	5	8
APPROVED		3	0	3
DENIED		0	5	5
Denied Non Participating Provider		0	5	5
45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	1	0	1
APPROVED		1	0	1
45399	UNLISTED PROCEDURE COLON	1	0	1

APPROVED			1	0	1
46080	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX		1	0	1
APPROVED			1	0	1
46948	INT HRHC TRANSANAL HROID DARTLZJ 2 Plus W/US GDN		1	0	1
APPROVED			1	0	1
47000	BIOPSY LIVER NEEDLE PERCUTANEOUS		2	0	2
APPROVED			2	0	2
47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY		2	0	2
APPROVED			2	0	2
47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY		1	0	1
APPROVED			1	0	1
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE		14	4	18
APPROVED			14	0	14
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
47380	ABL TJ OPN 1 OR GT LVR TUM RF		1	0	1
APPROVED			1	0	1
47562	LAPAROSCOPY SURG CHOLECYSTECTOMY		0	3	3
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Non Participating Provider			0	2	2
47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY		2	0	2

APPROVED			2	0	2
47715	EXCISION CHOLEDOCHAL CYST		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
47765	ANAST INTRAHEPATC DUCTS AND GI TRACT		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
48105	RESECT/DBRDMT PANCREAS NECROTIZING PANCREATITIS		1	0	1
APPROVED			1	0	1
48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY		1	0	1
APPROVED			1	0	1
48999	UNLISTED PROCEDURE PANCREAS		2	0	2
APPROVED			2	0	2
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/VO BIOPSY SPX		5	0	5
APPROVED			5	0	5
49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE		1	0	1
APPROVED			1	0	1
49180	BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS GT 10.0 CM		1	0	1
APPROVED			1	0	1
49329	UNLISTED LAPAROSCOPY PX ABD PERTONEUM and OMENTUM		2	1	3
APPROVED			2	0	2

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
49411	INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT		1	0	1
APPROVED			1	0	1
49591	RPR AA HERNIA 1ST LT 3 CM REDUCIBLE		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
49592	RPR AA HERNIA 1ST LT 3 CM NCRC8/STRANGULATED		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE		3	0	3
APPROVED			3	0	3
49594	RPR AA HERNIA 1ST 3-10 CM NCRC8/STRANGULATED		1	0	1
APPROVED			1	0	1
49595	RPR AA HERNIA 1ST GT 10 CM REDUCIBLE		1	0	1
APPROVED			1	0	1
49596	RPR AA HERNIA 1ST GT 10 CM NCRC8/STRANGULATED		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
49615	RPR AA HERNIA RECR 3-10 CM REDUCIBLE		1	0	1
APPROVED			1	0	1
49622	RPR PARASTOMAL HRNA 1ST/RECR NCRC8/STRANGULATED		1	0	1
APPROVED			1	0	1
49905	OMENTAL FLAP INTRA-ABDOMINAL		1	0	1
APPROVED			1	0	1

49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	2	0	2
APPROVED		2	0	2
50200	RENAL BIOPSY PRQ TROCAR/NEEDLE	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	2	0	2
APPROVED		2	0	2
50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	3	0	3
APPROVED		3	0	3
50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	22	2	24
APPROVED		22	0	22
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
50432	PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS AND I	1	0	1
APPROVED		1	0	1
50435	EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS and I	1	0	1
APPROVED		1	0	1
50545	LAPAROSCOPY RADICAL NEPHRECTOMY	4	0	4
APPROVED		4	0	4
50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	4	0	4
APPROVED		4	0	4
50590	LITHOTRIPSY XTRCORP SHOCK WAVE	23	0	23
APPROVED		23	0	23
50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	1	0	1
APPROVED		1	0	1

50820	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	1	0	1
APPROVED		1	0	1
50947	LAPS URTRONEOCSTOST W/CSTSC and URTRL STENT PLMT	2	0	2
APPROVED		2	0	2
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	3	0	3
APPROVED		3	0	3
51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	0	2	2
DENIED		0	2	2
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Non Participating Provider		0	1	1
51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	1	0	1
APPROVED		1	0	1
51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	2	0	2
APPROVED		2	0	2
51596	CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	1	0	1
APPROVED		1	0	1
51715	NDSC NJX IMPLT MATRL URT and /BLDR NCK	1	0	1
APPROVED		1	0	1
51741	COMPLEX UROFLOMETRY	1	0	1
APPROVED		1	0	1
51785	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
51798	MEAS POST-VOIDING RESIDUAL URINE and /BLADDER CAP	1	0	1

APPROVED			1	0	1
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER		3	0	3
APPROVED			3	0	3
52000	CYSTOURETHROSCOPY		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
52240	CYSTOURETHROSCOPY W/DEST and /RMVL TUMOR LARGE		1	0	1
APPROVED			1	0	1
52281	CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS		1	0	1
APPROVED			1	0	1
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
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE		10	0	10
APPROVED			10	0	10
52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL		1	0	1
APPROVED			1	0	1
52649	LASER ENUCLEATION PROSTATE W/MORCELLATION		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA		1	0	1
APPROVED			1	0	1
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH		0	1	1

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
54161	CIRCUMCISION AGE GT 28 DAYS		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH		1	5	6
APPROVED			1	0	1
DENIED			0	5	5
Denied Administrative			0	2	2
Denied Not a Covered Benefit			0	3	3
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE		1	0	1
APPROVED			1	0	1
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY		1	0	1
APPROVED			1	0	1

55175	SCROTOPLASTY SIMPLE	1	0	1
APPROVED		1	0	1
55180	SCROTOPLASTY COMPLICATED	1	0	1
APPROVED		1	0	1
55866	LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT	2	0	2
APPROVED		2	0	2
55867	LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	2	0	2
APPROVED		2	0	2
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	4	0	4
APPROVED		4	0	4
56441	LYSIS LABIAL ADHESIONS	1	0	1
APPROVED		1	0	1
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	1	0	1
APPROVED		1	0	1
57120	COLPOCLEISIS LE FORT TYPE	1	0	1
APPROVED		1	0	1
57155	INSERTION UTERINE TANDEM and /VAGINAL OVOIDS	1	0	1
APPROVED		1	0	1
57156	INSERTION VAGINAL RADIATION DEVICE	1	0	1
APPROVED		1	0	1
57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	2	0	2
APPROVED		2	0	2
57260	CMBND ANTERPOST COLPORRAPHY W/CYSTO	2	0	2
APPROVED		2	0	2
57280	COLPOPEXY ABDOMINAL APPROACH	1	0	1
APPROVED		1	0	1

57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	1	0	1
APPROVED		1	0	1
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	1	0	1
APPROVED		1	0	1
57288	SLING OPERATION STRESS INCONTINENCE	26	1	27
APPROVED		26	0	26
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	2	0	2
APPROVED		2	0	2
58120	DILATION and CURETTAGE DX and /THER NONOBSTETRIC	1	0	1
APPROVED		1	0	1
58140	MYOMECTOMY 1-4 MYOMAS W/250 GM OR LT ABDOMINAL APPR	3	0	3
APPROVED		3	0	3
58145	MYOMECTOMY 1-4 MYOMAS 250 GM OR LT VAGINAL APPR	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
58146	MYOMECTOMY 5 OR GT MYOMAS and OR GT 250 GM ABDOMINA	1	0	1
APPROVED		1	0	1
58150	TOTAL ABDOMINAL HYSTERECT W/VO RMVL TUBE OVARY	18	0	18
APPROVED		18	0	18
58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	1	0	1
APPROVED		1	0	1
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LT	3	0	3

APPROVED			3	0	3
58262	VAG HYST 250 GM OR LT W/RMVL TUBE and /OVARY		13	0	13
APPROVED			13	0	13
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE		1	0	1
APPROVED			1	0	1
58291	VAG HYST GT 250 GM RMVL TUBE and /OVARY		2	0	2
APPROVED			2	0	2
58301	REMOVAL INTRAUTERINE DEVICE IUD		1	0	1
APPROVED			1	0	1
58345	TRANSCERV FALLOPIAN TUBE CATH W/VO HYSTOSALPING		1	0	1
APPROVED			1	0	1
58350	CHROMOTUBATION OVIDUCT W/MATERIALS		2	0	2
APPROVED			2	0	2
58356	ENDOMETRIAL CRYOABLATION W/US and ENDOMETRIAL CR		1	0	1
APPROVED			1	0	1
58540	HYSTEROPLASTY RPR UTERINE ANOMALY		1	0	1
APPROVED			1	0	1
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LT		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

58542	LAPS SUPRACRV HYSTERECT 250 GM OR LT RMVL TUBE/OVAR	3	0	3
APPROVED		3	0	3
58544	LAPS SUPRACRV HYSTEREC GT 250 G RMVL TUBE/OVARY	1	0	1
APPROVED		1	0	1
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LT	5	0	5
APPROVED		5	0	5
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	1	0	1
APPROVED		1	0	1
58552	LAPS W/VAG HYSTERECT 250 GM/ and RMVL TUBE and /OVARIES	6	0	6
APPROVED		6	0	6
58554	LAPS VAGINAL HYSTERECT GT 250 GM RMVL TUBE and /OVAR	2	0	2
APPROVED		2	0	2
58558	HYSTEROSCOPY BX ENDOMETRIUM and /POLYPC W/WO D and C	3	0	3
APPROVED		3	0	3
58560	HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	0	2	2
DENIED		0	2	2
Denied Administrative		0	1	1
Denied Not a Covered Benefit		0	1	1
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	1	0	1
APPROVED		1	0	1
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LT	12	1	13

APPROVED			12	0	12
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		45	7	52
APPROVED			45	0	45
DENIED			0	7	7
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS GT 250 GM		6	0	6
APPROVED			6	0	6
58573	LAPAROSCOPY TOT HYSTERECTOMY GT 250 G W/TUBE/OVAR		18	2	20
APPROVED			18	0	18
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS		4	3	7
APPROVED			4	0	4
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES		43	1	44
APPROVED			43	0	43
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE		31	6	37
APPROVED			31	0	31

DENIED			0	6	6
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	2	2
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX		3	0	3
APPROVED			3	0	3
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX		2	0	2
APPROVED			2	0	2
58740	LYSIS OF ADHESIONS SALPINX/OVARY		1	0	1
APPROVED			1	0	1
58925	OVARIAN CYSTECTOMY UNI/BI		1	0	1
APPROVED			1	0	1
58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI		3	0	3
APPROVED			3	0	3
58952	RESCJ PRIM PRTL MAL W/BSO and OMNTC RAD DEBULKING		1	0	1
APPROVED			1	0	1
58956	BSO W/TOT OMENTECTOMY and HYSTERECTOMY MALIGNANC		1	0	1
APPROVED			1	0	1
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL		2	0	2
APPROVED			2	0	2
59000	AMNIOCENTESIS DIAGNOSIC		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
59001	AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID		1	0	1
APPROVED			1	0	1

59070	TRANSABDOMINAL AMNIOINFUSION W/ULTRSDND GUIDANCE	1	0	1
APPROVED		1	0	1
59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	1	0	1
APPROVED		1	0	1
59897	UNLISTED FETAL INVASIVE PX W/ULTRASOUND	1	0	1
APPROVED		1	0	1
60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	1	0	1
APPROVED		1	0	1
60220	TOTAL THYROID LOBECTOMY UNI W/VO ISTHMOSECTOMY	1	0	1
APPROVED		1	0	1
60240	THYROIDECTOMY TOTAL/COMPLETE	2	0	2
APPROVED		2	0	2
60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	1	0	1
APPROVED		1	0	1
60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	2	0	2
APPROVED		2	0	2
61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	1	0	1
APPROVED		1	0	1
61304	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	1	0	1
APPROVED		1	0	1
61450	CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION	1	0	1
APPROVED		1	0	1
61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	1	0	1
APPROVED		1	0	1
61500	CRANIECTOMY W/EXCISION TUMOR/LESION SKULL	1	0	1

APPROVED			1	0	1
61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR		4	0	4
APPROVED			4	0	4
61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR		1	0	1
APPROVED			1	0	1
61519	CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA		2	0	2
APPROVED			2	0	2
61521	CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL		1	0	1
APPROVED			1	0	1
61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
61559	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT		1	0	1
APPROVED			1	0	1
61570	CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN		1	0	1
APPROVED			1	0	1
61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT		1	0	1
APPROVED			1	0	1
61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS		5	0	5
APPROVED			5	0	5
61626	TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS		2	0	2
APPROVED			2	0	2
61650	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST		4	0	4

APPROVED			4	0	4
61651	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL		4	0	4
APPROVED			4	0	4
61686	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL		1	0	1
APPROVED			1	0	1
61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL		8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL		7	0	7
APPROVED			7	0	7
62117	RDCTJ CRANIOMEGALIC CRANIO and RECNSTJ W/WO GRAFT		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		2	0	2
APPROVED			2	0	2
62160	NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS		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	1	0	1
APPROVED		1	0	1
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	2	0	2
APPROVED		2	0	2
62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE	2	0	2
APPROVED		2	0	2
62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	2	0	2
APPROVED		2	0	2
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	1	1	2
APPROVED		1	0	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	51	4	55
APPROVED		51	0	51
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	1	1
62322	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	2	0	2
APPROVED		2	0	2
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	51	5	56
APPROVED		51	0	51
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	3	3
Denied Non Participating Provider			0	1	1
62326	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN		1	0	1
APPROVED			1	0	1
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP		1	0	1
APPROVED			1	0	1
63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV		1	0	1
APPROVED			1	0	1
63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR		1	0	1
APPROVED			1	0	1
63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR		1	0	1
APPROVED			1	0	1
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR		9	0	9
APPROVED			9	0	9
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR		2	0	2
APPROVED			2	0	2
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR		5	0	5
APPROVED			5	0	5
63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR		1	0	1
APPROVED			1	0	1
63045	LAM FACETECTOMY and FORAMOTOMY 1 VRT SGM CERVICAL		3	0	3
APPROVED			3	0	3
63047	LAM FACETECTOMY and FORAMOTOMY 1 VRT SGM LUMBAR		25	0	25
APPROVED			25	0	25

63048	LAM FACETECTOMY and FORAMOT 1 VRT SGM EA ADDL SGM	9	0	9
APPROVED		9	0	9
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	5	0	5
APPROVED		5	0	5
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	2	0	2
APPROVED		2	0	2
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	3	0	3
APPROVED		3	0	3
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	2	0	2
APPROVED		2	0	2
63185	LAMINECTOMY W/RHIZOTOMY 1/2 SEGMENTS	1	0	1
APPROVED		1	0	1
63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	1	0	1
APPROVED		1	0	1
63280	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	1	0	1
APPROVED		1	0	1
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	13	1	14
APPROVED		13	0	13
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
63662	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	1	0	1
APPROVED		1	0	1
63685	INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRTJ and CONNJ	5	0	5
APPROVED		5	0	5

63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	1	0	1
APPROVED		1	0	1
63710	DURAL GRAFT SPINAL	1	0	1
APPROVED		1	0	1
64450	INJECTION AA and /STRD OTHER PERIPHERAL NERVE/BRANCH	12	11	23
APPROVED		12	0	12
DENIED		0	11	11
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
Denied Not a Covered Benefit		0	1	1
Experimental Service or Procedure		0	2	2
Lack of Clinical		0	1	1
64451	INJECTION AA and /STRD NERVES NRVTG SI JOINT W/IMG	3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
64454	INJECTION AA and /STRD GENICULAR NRV BRANCHES W/IMG	0	5	5
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Not a Covered Benefit		0	2	2
Experimental Service or Procedure		0	1	1
64479	NJX AA and /STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	1	0	1
APPROVED		1	0	1
64483	NJX AA and /STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	103	14	117
APPROVED		103	0	103
DENIED		0	14	14
Denied Elective Service - Out of Area/Non-contract provider		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
Denied Non Participating Provider			0	1	1
64484	NJX AA and /STRD TFRML EPI LUMBAR/SACRAL EA ADDL		66	7	73
APPROVED			66	0	66
DENIED			0	7	7
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
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		43	16	59
APPROVED			43	0	43
DENIED			0	16	16
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	4	4
Experimental Service or Procedure			0	1	1
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL		40	12	52
APPROVED			40	0	40
DENIED			0	12	12
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	2	2
64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3 Plus LEVEL		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
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL		105	18	123
APPROVED			105	0	105
DENIED			0	18	18
Denied Elective Service - Out of Area/Non-contract provider			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
Denied Non Participating Provider			0	2	2
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL		102	17	119
APPROVED			102	0	102
DENIED			0	17	17
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
Denied Non Participating Provider			0	2	2
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3 Plus LEVEL		3	4	7
APPROVED			3	0	3
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
64568	OPEN IMPLANTATION CRANIAL NERVE NEA and PULSE GEN		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG and RESPIR SENSOR		2	0	2
APPROVED			2	0	2

64590	INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ and CONN	6	0	6
APPROVED		6	0	6
64595	REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA	1	0	1
APPROVED		1	0	1
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
64625	RADIOFREQUENCY ABLTJ NRV NRV TG SI JT W/IMG GDN	6	3	9
APPROVED		6	0	6
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	1	0	1
APPROVED		1	0	1
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	16	3	19
APPROVED		16	0	16
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Experimental Service or Procedure		0	1	1
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	16	3	19
APPROVED		16	0	16
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Experimental Service or Procedure		0	1	1
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	53	5	58
APPROVED		53	0	53

DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL		53	6	59
APPROVED			53	0	53
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE		1	0	1
APPROVED			1	0	1
64713	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS		1	0	1
APPROVED			1	0	1
64716	NEUROPLASTY and /TRANSPOSITION CRANIAL NERVE		2	0	2
APPROVED			2	0	2
64734	TRANSECTION/AVULSION INFRAORBITAL NERVE		1	0	1
APPROVED			1	0	1
64742	TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL		1	0	1
APPROVED			1	0	1
64771	TRANSECTION/AVULSION OTH CRANIAL NRV XDRL		1	0	1
APPROVED			1	0	1
64795	BIOPSY NERVE		1	0	1
APPROVED			1	0	1
64861	SUTURE BRACHIAL PLEXUS		1	0	1
APPROVED			1	0	1
64864	SUTURE FACIAL NERVE EXTRACRANIAL		1	0	1
APPROVED			1	0	1
64868	ANASTOMOSIS FACIAL HYPOGLOSSAL		1	0	1
APPROVED			1	0	1

64874	SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE	1	0	1
APPROVED		1	0	1
64885	NERVE GRAFT HEAD/NECK LT 4 CM	1	0	1
APPROVED		1	0	1
64886	NERVE GRAFT HEAD/NECK GT 4 CM	1	0	1
APPROVED		1	0	1
64905	NERVE PEDICLE TRANSFER FIRST STAGE	6	0	6
APPROVED		6	0	6
64912	NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
64913	NERVE REPAIR W/NERVE ALLOGRAFT EA ADDL STRAND	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	4	0	4
APPROVED		4	0	4
66821	POST-CATARACT LASER SURGERY	1	0	1
APPROVED		1	0	1
66982	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
66984	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	8	1	9
APPROVED		8	0	8

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX		1	0	1
APPROVED			1	0	1
67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA		2	0	2
APPROVED			2	0	2
67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH		1	0	1
APPROVED			1	0	1
67113	RPR COMPLEX RETINA DETACH VITRECT AND MEMBRANE PEEL		2	0	2
APPROVED			2	0	2
67120	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR		1	0	1
APPROVED			1	0	1
67121	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR		1	0	1
APPROVED			1	0	1
67145	PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION		1	0	1
APPROVED			1	0	1
67218	DSTRJ LESION RETINA 1 OR GT SESS RADJ IMPLTJ		1	0	1
APPROVED			1	0	1
67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
67875	TEMPORARY CLOSURE EYELIDS SUTURE		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1

67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	4	0	4
APPROVED		4	0	4
67911	CORRECTION LID RETRACTION	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
67912	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	1	0	1
APPROVED		1	0	1
67950	CANTHOPLASTY	1	0	1
APPROVED		1	0	1
67966	EXCISION AND REPAIR EYELID ONE- FOURTH LID MARGIN	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
68320	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	1	0	1
APPROVED		1	0	1
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1	0	1
APPROVED		1	0	1
69631	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
69642	TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ	1	0	1
APPROVED		1	0	1
69930	COCHLEAR DEVICE IMPLANTATION W/VO MASTOIDECTOMY	1	0	1
APPROVED		1	0	1

69955	TOTAL FACIAL NERVE DECOMPRESSION and /REPAIR	1	0	1
APPROVED		1	0	1
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	14	0	14
APPROVED		14	0	14
70336	MRI TEMPOROMANDIBULAR JOINT	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
70355	ORTHOPANTOGRAM	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	6	32	38
APPROVED		6	0	6
DENIED		0	32	32
Denied Additional Information Not Received		0	6	6
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	25	25
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
70470	CT HEAD/BRAIN W/O and W/CONTRAST MATERIAL	2	11	13
APPROVED		2	0	2
DENIED		0	11	11
Denied Medical Necessity Criteria Not Met Medical Director		0	11	11

70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	1	0	1
APPROVED		1	0	1
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	4	16	20
APPROVED		4	0	4
DENIED		0	16	16
Denied Medical Necessity Criteria Not Met Medical Director		0	16	16
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL	1	0	1
APPROVED		1	0	1
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	3	5	8
APPROVED		3	0	3
DENIED		0	5	5
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	7	9	16
APPROVED		7	0	7
DENIED		0	9	9
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
70492	CT SOFT TISSUE NECK W/O and W/CONTRAST MATERIAL	2	2	4
APPROVED		2	0	2

DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		3	7	10
APPROVED			3	0	3
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		1	7	8
APPROVED			1	0	1
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
70543	MRI ORBIT FACE and NECK W/O and W/CONTRAST MATRL		3	5	8
APPROVED			3	0	3
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
70544	MRA HEAD W/O CONTRST MATERIAL		2	6	8
APPROVED			2	0	2
DENIED			0	6	6
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
70546	MRA HEAD W/O and W/CONTRAST MATERIAL		1	4	5
APPROVED			1	0	1
DENIED			0	4	4
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
70547	MRA NECK W/O CONTRST MATERIAL		0	2	2

DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
70549	MRA NECK W/O and W/CONTRAST MATERIAL		0	1	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		6	25	31
APPROVED			6	0	6
DENIED			0	25	25
Denied Additional Information Not Received			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL		26	51	77
APPROVED			26	0	26
DENIED			0	51	51
Denied Additional Information Not Received			0	9	9
Denied Duplicate Request			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	41	41
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
71045	RADIOLOGIC EXAM CHEST SINGLE VIEW		3	0	3

APPROVED			3	0	3
71046	RADIOLOGIC EXAM CHEST 2 VIEWS		22	3	25
APPROVED			22	0	22
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
71047	RADIOLOGIC EXAM CHEST 3 VIEWS		1	0	1
APPROVED			1	0	1
71250	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST		21	46	67
APPROVED			21	0	21
DENIED			0	46	46
Denied Additional Information Not Received			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	36	36
Denied Non Participating Provider			0	1	1
71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST		38	31	69
APPROVED			38	0	38
DENIED			0	31	31
Denied Additional Information Not Received			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
Denied Non Participating Provider			0	1	1
71270	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C Plus		9	12	21
APPROVED			9	0	9
DENIED			0	12	12
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-		0	1	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		3	13	16
APPROVED			3	0	3
DENIED			0	13	13
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
71550	MRI CHEST W/O CONTRAST MATERIAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
71551	MRI CHEST W/CONTRAST MATERIAL		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
72114	RADEX SPINE LUMBSCL COMPL W/BENDING VIEWS MIN 6		1	0	1
APPROVED			1	0	1
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL		0	10	10
DENIED			0	10	10
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9

72126	CT CERVICAL SPINE W/CONTRAST MATERIAL	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
72127	CT CERVICAL SPINE W/O and W/CONTRAST MATERIAL	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
72129	CT THORACIC SPINE W/CONTRAST MATERIAL	1	0	1
APPROVED		1	0	1
72130	CT THORACIC SPINE W/O and W/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	11	12
APPROVED		1	0	1
DENIED		0	11	11
Denied Additional Information Not Received		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	9	9
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2

72133	CT LUMBAR SPINE W/O and W/CONTRAST MATERIAL	0	3	3
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	5	121	126
APPROVED		5	0	5
DENIED		0	121	121
Denied Additional Information Not Received		0	8	8
Denied Administrative		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	112	112
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	0	5	5
DENIED		0	5	5
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	2	31	33
APPROVED		2	0	2
DENIED		0	31	31
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	30	30
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	17	231	248
APPROVED		17	0	17

DENIED			0	231	231
Denied Additional Information Not Received			0	21	21
Denied Medical Necessity Criteria Not Met Medical Director			0	210	210
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL		0	3	3
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
72156	MRI SPINAL CANAL CERVICAL W/O and W/CONTR MATRL		6	22	28
APPROVED			6	0	6
DENIED			0	22	22
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	21	21
72157	MRI SPINAL CANAL THORACIC W/O and W/CONTR MATRL		4	9	13
APPROVED			4	0	4
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
72158	MRI SPINAL CANAL LUMBAR W/O and W/CONTR MATRL		6	26	32
APPROVED			6	0	6
DENIED			0	26	26
Denied Additional Information Not Received			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	22	22
72170	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS		1	0	1
APPROVED			1	0	1
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST		0	3	3

DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Appeal Denial Upheld			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
72192	CT PELVIS W/O CONTRAST MATERIAL		2	7	9
APPROVED			2	0	2
DENIED			0	7	7
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
72194	CT PELVIS W/O and W/CONTRAST MATERIAL		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
72195	MRI PELVIS W/O CONTRAST MATERIAL		0	10	10
DENIED			0	10	10
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
72197	MRI PELVIS W/O and W/CONTRAST MATERIAL		9	17	26
APPROVED			9	0	9
DENIED			0	17	17
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	16	16
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
73200	CT UPPER EXTREMITY 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
73202	CT UPPER EXTREMITY W/O and W/CONTRAST MATERIAL		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
73220	MRI UPPER EXTREM OTHER THAN JT W/O and W/CONTRAS		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL		9	51	60
APPROVED			9	0	9
DENIED			0	51	51
Denied Additional Information Not Received			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	45	45

73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Additional Information Not Received		0	1	1
73223	MRI ANY JT UPPER EXTREMITY W/O and W/CONTR MATRL	0	3	3
DENIED		0	3	3
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
73521	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
73560	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	2	0	2
APPROVED		2	0	2
73590	RADIOLOGIC EXAMINATION TIBIA AND FIBULA 2 VIEWS	1	0	1
APPROVED		1	0	1
73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	1	0	1
APPROVED		1	0	1
73630	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	1	1	2
APPROVED		1	0	1
DENIED		0	1	1

Denied Non Participating Provider			0	1	1
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL		4	14	18
APPROVED			4	0	4
DENIED			0	14	14
Denied Additional Information Not Received			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL		0	1	1
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		2	13	15
APPROVED			2	0	2
DENIED			0	13	13
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
73720	MRI LOWER EXTREM OTH/THN JT W/O and W/CONTR MATR		0	1	1
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		17	75	92
APPROVED			17	0	17
DENIED			0	75	75
Denied Additional Information Not Received			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	69	69
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL		0	3	3
DENIED			0	3	3

Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
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
74150	CT ABDOMEN W/O CONTRAST MATERIAL		0	7	7
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
74160	CT ABDOMEN W/CONTRAST MATERIAL		1	7	8
APPROVED			1	0	1
DENIED			0	7	7
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
74170	CT ABDOMEN W/O and W/CONTRAST MATERIAL		11	17	28
APPROVED			11	0	11
DENIED			0	17	17
Denied Additional Information Not Received			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
74174	CT ANGIO ABD and PLVIS CNTRST MTRL W/VO CNTRST IMG		2	5	7
APPROVED			2	0	2
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3

74176	CT ABDOMEN and PELVIS W/O CONTRAST MATERIAL	14	34	48
APPROVED		14	0	14
DENIED		0	34	34
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	33	33
74177	CT ABDOMEN and PELVIS W/CONTRAST MATERIAL	36	56	92
APPROVED		36	0	36
DENIED		0	56	56
Denied Additional Information Not Received		0	15	15
Denied Medical Necessity Criteria Not Met Medical Director		0	40	40
Denied Non Participating Provider		0	1	1
74178	CT ABDOMEN and PELVIS W/O CONTRST 1 OR GT BODY RE	30	52	82
APPROVED		30	0	30
DENIED		0	52	52
Denied Additional Information Not Received		0	8	8
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	42	42
Denied Non Participating Provider		0	1	1
74181	MRI ABDOMEN W/O CONTRAST MATERIAL	3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Denied Additional Information Not Received		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
74182	MRI ABDOMEN W/CONTRAST MATERIAL	1	0	1

APPROVED			1	0	1
74183	MRI ABDOMEN W/O and W/CONTRAST MATERIAL		16	23	39
APPROVED			16	0	16
DENIED			0	23	23
Denied Additional Information Not Received			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	16	16
75557	CARDIAC MRI MORPHOLOGY and FUNCTION W/O CONTRAST		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING		2	0	2
APPROVED			2	0	2
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM		0	17	17
DENIED			0	17	17
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	16	16
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
75573	CT HEART C Plus CARDIAC STRUX and MORPH CGEN HRT DS		0	2	2
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST		3	14	17
APPROVED			3	0	3
DENIED			0	14	14
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
Denied Non Participating Provider			0	1	1
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS AND I		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS AND I		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
75635	CTA ABDL AORTA and BI ILIOFEM W/CONTRAST and POSTP		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Appeal Denial Upheld			0	1	1
Denied Duplicate Request			0	1	1
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS AND I		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS AND I		1	2	3
APPROVED			1	0	1
DENIED			0	2	2

Denied Non Participating Provider			0	2	2
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS and I		11	2	13
APPROVED			11	0	11
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS AND I		12	3	15
APPROVED			12	0	12
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
75820	VENOGRAPHY EXTREMITY UNILATERAL RS AND I		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
75894	TRANSCATHETER EMBOLIZATION ANY METH RS AND I		6	0	6
APPROVED			6	0	6
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS		2	0	2
APPROVED			2	0	2
76000	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME		1	0	1
APPROVED			1	0	1
76376	3D RENDERING W/INTERP and POSTPROCESS SUPERVISION		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2

76377	3D RENDERING W/INTERP and POSTPROC DIFF WORK STATION	7	15	22
APPROVED		7	0	7
DENIED		0	15	15
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	14	14
76391	MAGNETIC RESONANCE ELASTOGRAPHY	0	6	6
DENIED		0	6	6
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
76496	UNLISTED FLUOROSCOPIC PROCEDURE	1	0	1
APPROVED		1	0	1
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
76536	US SOFT TISSUE HEAD AND NECK REAL TIME IMGE DOCM	1	0	1
APPROVED		1	0	1
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	1	0	1
APPROVED		1	0	1
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	4	6	10
APPROVED		4	0	4
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4

Denied Non Participating Provider			0	2	2
76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT		1	0	1
APPROVED			1	0	1
76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION		2	0	2
APPROVED			2	0	2
76811	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
76813	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION		1	0	1
APPROVED			1	0	1
76815	US PREGNANT UTERUS LIMITED 1 OR GT FETUSES		4	0	4
APPROVED			4	0	4
76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS		11	1	12
APPROVED			11	0	11
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

76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	10	1	11
APPROVED		10	0	10
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	10	1	11
APPROVED		10	0	10
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	9	0	9
APPROVED		9	0	9
76825	ECHO FETAL CARDIOVASC W/WO M- MODE RECORDING	1	0	1
APPROVED		1	0	1
76830	US TRANSVAGINAL	1	0	1
APPROVED		1	0	1
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
76870	US SCROTUM AND CONTENTS	1	0	1
APPROVED		1	0	1
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	14	1	15
APPROVED		14	0	14
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
76942	US GUIDANCE NEEDLE PLACEMENT IMG S AND I	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Non Participating Provider		0	1	1

76945	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S AND I	1	0	1
APPROVED		1	0	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	FLURO CENTRAL VENOUS ACCESS DEV PLACEMENT	3	0	3
APPROVED		3	0	3
77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	2	0	2
APPROVED		2	0	2
77003	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	3	0	3
APPROVED		3	0	3
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
77012	CT GUIDANCE NEEDLE PLACEMENT	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
77049	MRI BREAST WITHOUT and WITH CONTRAST W/CAD BILATERAL	9	5	14
APPROVED		9	0	9

DENIED			0	5	5
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
77065	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI		1	0	1
APPROVED			1	0	1
77066	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI		1	0	1
APPROVED			1	0	1
77080	DXA BONE DENSITY STUDY 1 OR GT SITES AXIAL SKEL		9	2	11
APPROVED			9	0	9
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
77081	DXA BONE DENSITY STUDY 1 OR GT SITES APPENDICLR SKEL		3	0	3
APPROVED			3	0	3
77084	BONE MARROW BLOOD SUPPLY		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX		18	3	21
APPROVED			18	0	18
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE		8	3	11
APPROVED			8	0	8

DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Non Participating Provider			0	1	1
Denied Out of Area Services			0	1	1
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX		15	2	17
APPROVED			15	0	15
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Non Participating Provider			0	1	1
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION		5	0	5
APPROVED			5	0	5
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
77299	UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING		1	0	1
APPROVED			1	0	1
77300	BASIC RADIATION DOSIMETRY CALCULATION		17	3	20
APPROVED			17	0	17
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied for No Pre-authorization			0	1	1
Denied Non Participating Provider			0	1	1
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS		7	1	8
APPROVED			7	0	7
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION		1	0	1
APPROVED			1	0	1
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY		3	0	3
APPROVED			3	0	3
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY		2	0	2
APPROVED			2	0	2
77332	TX DEVICES DESIGN AND CONSTRUCTION SIMPLE		4	0	4
APPROVED			4	0	4
77333	TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE		2	0	2
APPROVED			2	0	2
77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX		10	2	12
APPROVED			10	0	10
DENIED			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Non Participating Provider			0	1	1
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK		12	4	16
APPROVED			12	0	12
DENIED			0	4	4
Denied Administrative			0	1	1
Denied for No Pre-authorization			0	2	2
Denied Non Participating Provider			0	1	1
77338	MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

77373	STEREOTACTIC BODY RADIATION DELIVERY	2	0	2
APPROVED		2	0	2
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	5	0	5
APPROVED		5	0	5
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
77399	UNLISTD PX MED RADJ PHYSIC DOSIM and TX DEV and SPEC SVC	14	1	15
APPROVED		14	0	14
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
77412	RADIATION TREATMENT DELIVERY 1 MEV Equal to GT COMPLEX	2	0	2
APPROVED		2	0	2
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	4	0	4
APPROVED		4	0	4
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	9	2	11
APPROVED		9	0	9
DENIED		0	2	2
Denied Non Participating Provider		0	1	1
Denied Out of Area Services		0	1	1
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	1	0	1
APPROVED		1	0	1

77470	SPECIAL TREATMENT PROCEDURE	11	0	11
APPROVED		11	0	11
77520	PROTON TX DELIVERY SIMPLE W/O COMPENSATION	3	0	3
APPROVED		3	0	3
77522	PROTON TX DELIVERY SIMPLE W/COMPENSATION	3	0	3
APPROVED		3	0	3
77523	PROTON TX DELIVERY INTERMEDIATE	3	0	3
APPROVED		3	0	3
77525	PROTON TX DELIVERY COMPLEX	3	0	3
APPROVED		3	0	3
77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	0	1	1
DENIED		0	1	1
Denied Out of Area Services		0	1	1
77605	HYPERTHERMIA EXTERNAL GENERATED DEEP	0	1	1
DENIED		0	1	1
Denied Out of Area Services		0	1	1
77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	2	0	2
APPROVED		2	0	2
77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX GT 12 CHANNELS	1	0	1
APPROVED		1	0	1
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	2	0	2
APPROVED		2	0	2
78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	1	0	1
APPROVED		1	0	1
78201	LIVER IMAGING STATIC ONLY	6	2	8
APPROVED		6	0	6

DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
78264	GASTRIC EMPTYING IMAGING STUDY		1	0	1
APPROVED			1	0	1
78306	BONE and /JOINT IMAGING WHOLE BODY		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
78431	MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT		3	10	13
APPROVED			3	0	3
DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
78434	AQMBF PET REST AND PHARMACOLOGIC STRESS		2	0	2
APPROVED			2	0	2
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS		4	5	9
APPROVED			4	0	4
DENIED			0	5	5
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
78452	MYOCARDIAL SPECT MULTIPLE STUDIES		21	184	205
APPROVED			21	0	21
DENIED			0	184	184
Denied Additional Information Not Received			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	178	178

78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
78469	MYOCDR INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
78492	MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST AND STRESS	0	12	12
DENIED		0	12	12
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	11	11
78597	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	2	0	2
APPROVED		2	0	2
78598	QUANT DIFF PULM PRFUSION and VENTLAJ W/WO IMAGIN	1	0	1
APPROVED		1	0	1
78608	BRAIN IMAGING PET METABOLIC EVALUATION	0	6	6
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	1	0	1
APPROVED		1	0	1
78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	2	0	2

APPROVED			2	0	2
78801	RP LOCLZJ TUM PLNR 2 Plus AREA 1 Plus D IMG/1 AREA IMG GT		3	0	3
APPROVED			3	0	3
78802	RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING		1	0	1
APPROVED			1	0	1
78803	RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
78813	PET IMAGING WHOLE BODY		0	1	1
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH		36	23	59
APPROVED			36	0	36
DENIED			0	23	23
Denied Additional Information Not Received			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY		3	7	10
APPROVED			3	0	3
DENIED			0	7	7
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
79005	RP THERAPY ORAL ADMINISTRATION		1	0	1
APPROVED			1	0	1
79101	RP THERAPY INTRAVENOUS ADMINISTRATION		1	0	1

APPROVED			1	0	1
79445	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN		8	2	10
APPROVED			8	0	8
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
80048	BASIC METABOLIC PANEL CALCIUM TOTAL		2	0	2
APPROVED			2	0	2
80050	GENERAL HEALTH PANEL		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80051	Electrolyte panel		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80053	COMPREHENSIVE METABOLIC PANEL		11	2	13
APPROVED			11	0	11
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
80061	Lipid panel		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80076	Hepatic Function Panel		2	0	2
APPROVED			2	0	2
80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE		18	5	23

APPROVED			18	0	18
DENIED			0	5	5
Denied Administrative			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
80320	DRUG SCREEN QUANTITATIVE ALCOHOLS		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80335	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80346	DRUG SCREENING BENZODIAZEPINES 1-12		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80349	DRUG SCREENING CANNABINOIDS NATURAL		0	1	1
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80353	DRUG SCREENING COCAINE		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80354	DRUG SCREENING FENTANYL		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY		2	0	2
APPROVED			2	0	2
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY		2	0	2
APPROVED			2	0	2
81015	URINALYSIS MICROSCOPIC ONLY		2	0	2
APPROVED			2	0	2
81120	IDH1 COMMON VARIANTS		0	4	4
DENIED			0	4	4
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Experimental Service or Procedure			0	1	1
81121	IDH2 COMMON VARIANTS		0	4	4
DENIED			0	4	4

Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Experimental Service or Procedure			0	1	1
81161	DMD DUPLICATION/DELETION ANALYSIS		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS		32	24	56
APPROVED			32	0	32
DENIED			0	24	24
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	3	3
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS		0	3	3
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
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS		1	0	1
APPROVED			1	0	1
81166	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS		0	2	2
DENIED			0	2	2

Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81173	AR GENE ANALYSIS FULL GENE SEQUENCE		0	4	4
DENIED			0	4	4
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Experimental Service or Procedure			0	1	1
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS		1	0	1
APPROVED			1	0	1
81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81191	NTRK1 TRANSLOCATION ANALYSIS		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
81194	NTRK TRANSLOCATION ANALYSIS		0	7	7
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	1	1

81201	APC GENE ANALYSIS FULL GENE SEQUENCE	1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Experimental Service or Procedure		0	1	1
81202	APC GENE ANALYSIS KNOWN FAMILIAL 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	0	3	3
DENIED		0	3	3
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	0	2	2
DENIED		0	2	2
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	0	2	2
DENIED		0	2	2
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
81210	BRAF GENE ANALYSIS V600 VARIANT(S)	0	6	6
DENIED		0	6	6

Denied for No Pre-authorization			0	1	1
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
Experimental Service or Procedure			0	1	1
81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT		1	0	1
APPROVED			1	0	1
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9		3	0	3
APPROVED			3	0	3
81220	CFTR GENE ANALYSIS COMMON VARIANTS		1	22	23
APPROVED			1	0	1
DENIED			0	22	22
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	14	14
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS		0	5	5
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5

81229	CYTOG ALYS CHRMOML ABNOR CPY NUMBER and SNP VRNT CGH	0	3	3
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
81235	EGFR GENE ANALYSIS COMMON VARIANTS	0	7	7
DENIED		0	7	7
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	2	2
Denied Not a Covered Benefit		0	1	1
Experimental Service or Procedure		0	1	1
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
81243	FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	5	15	20
APPROVED		5	0	5
DENIED		0	15	15
Denied Medical Necessity Criteria Not Met Medical Director		0	14	14
Denied Not a Covered Benefit		0	1	1
81246	FLT3 GENE ANALYS TYROSINE KINASE DOMAIN VARIANTS	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Experimental Service or Procedure		0	1	1
81257	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	0	6	6
DENIED		0	6	6
Denied for No Pre-authorization		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	1	1
81265	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN		2	0	2
APPROVED			2	0	2
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Experimental Service or Procedure			0	1	1
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS		0	6	6
DENIED			0	6	6
Denied for No Pre-authorization			0	1	1
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
Experimental Service or Procedure			0	2	2
81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2		0	5	5
DENIED			0	5	5
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1

Experimental Service or Procedure			0	1	1
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)		0	4	4
DENIED			0	4	4
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
Experimental Service or Procedure			0	1	1
81279	JAK2 TARGETED SEQUENCE ANALYSIS		1	0	1
APPROVED			1	0	1
81291	MTHFR GENE ANALYSIS COMMON VARIANTS		0	3	3
DENIED			0	3	3
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS		4	16	20
APPROVED			4	0	4
DENIED			0	16	16
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	4	4
Experimental Service or Procedure			0	1	1
81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		0	3	3
DENIED			0	3	3
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Experimental Service or Procedure			0	1	1

81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	4	16	20
APPROVED		4	0	4
DENIED		0	16	16
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
Denied Non Participating Provider		0	3	3
Denied Not a Covered Benefit		0	4	4
Experimental Service or Procedure		0	1	1
81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	4	16	20
APPROVED		4	0	4
DENIED		0	16	16
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
Denied Non Participating Provider		0	3	3
Denied Not a Covered Benefit		0	4	4
Experimental Service or Procedure		0	1	1
81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Experimental Service or Procedure		0	1	1

81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	0	14	14
DENIED		0	14	14
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
Denied Non Participating Provider		0	2	2
Denied Not a Covered Benefit		0	3	3
Experimental Service or Procedure		0	1	1
81307	PALB2 GENE ANALYSIS FULL GENE SEQUENCE	2	10	12
APPROVED		2	0	2
DENIED		0	10	10
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	9	9
81308	PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	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	3	3
Denied Non Participating Provider		0	1	1
Denied Not a Covered Benefit		0	1	1

81310	NPM1 NUCLEOPHOSMIN GENE ANAL	0	3	3
	EXON 12 VARIANTS			
DENIED		0	3	3
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
81311	NRAS GENE ANALYSIS VARIANTS IN	0	5	5
	EXON 2 AND 3			
DENIED		0	5	5
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
81314	PDGFRA GENE ANALYS TARGETED	0	3	3
	SEQUENCE ANALYS			
DENIED		0	3	3
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	4	15	19
APPROVED		4	0	4
DENIED		0	15	15
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
Denied Non Participating Provider		0	3	3
Denied Not a Covered Benefit		0	4	4
Experimental Service or Procedure		0	1	1
81318	PMS2 GENE ANALYSIS KNOWN	0	2	2
	FAMILIAL VARIANTS			
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
81319	PMS2 GENE ANALYSIS	3	3	6
	DUPLICATION/DELETION VARIANTS			
APPROVED		3	0	3
DENIED		0	3	3

Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS		1	12	13
APPROVED			1	0	1
DENIED			0	12	12
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	3	3
81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS		4	23	27
APPROVED			4	0	4
DENIED			0	23	23
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
Denied Non Participating Provider			0	14	14
81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS		2	0	2
APPROVED			2	0	2
81338	MPL GENE ANALYSIS COMMON VARIANTS		1	0	1
APPROVED			1	0	1
81339	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10		1	0	1
APPROVED			1	0	1
81347	SF3B1 GENE ANALYSIS COMMON VARIANTS		1	0	1
APPROVED			1	0	1
81361	HBB COMMON VARIANTS		0	9	9
DENIED			0	9	9
Denied for No Pre-authorization			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
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		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81375	HLA II LOW RESOLUTION HLA- DRB1/3/4/5 AND -DQB1		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
81378	HLA I AND II HIGH RESOLUTION HLA-A -B -C AND -DRB1		8	0	8
APPROVED			8	0	8
81379	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE		1	0	1
APPROVED			1	0	1
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1		0	3	3
DENIED			0	3	3
Denied for No Pre-authorization			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Experimental Service or Procedure			0	1	1
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2		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	2	2
Experimental Service or Procedure			0	1	1
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3		0	6	6
DENIED			0	6	6
Denied for No Pre-authorization			0	1	1
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
Experimental Service or Procedure			0	1	1
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4		2	7	9
APPROVED			2	0	2
DENIED			0	7	7
Denied for No Pre-authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
Experimental Service or Procedure			0	1	1
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5		1	7	8
APPROVED			1	0	1
DENIED			0	7	7

Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Experimental Service or Procedure			0	1	1
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6		1	7	8
APPROVED			1	0	1
DENIED			0	7	7
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Experimental Service or Procedure			0	1	1
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7		2	11	13
APPROVED			2	0	2
DENIED			0	11	11
Denied for No Pre-authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
Experimental Service or Procedure			0	1	1
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9		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
81415	EXOME SEQUENCE ANALYSIS		2	0	2
APPROVED			2	0	2
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME		2	0	2

APPROVED			2	0	2
81418	RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES		0	9	9
DENIED			0	9	9
Denied Appeal Denial Upheld			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
Experimental Service or Procedure			0	1	1
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS		47	41	88
APPROVED			47	0	47
DENIED			0	41	41
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied for No Pre-authorization			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
Denied Member Ineligible			0	1	1
Denied Non Participating Provider			0	14	14
81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN		1	0	1
APPROVED			1	0	1
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS		1	5	6
APPROVED			1	0	1
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
81450	HEMATOLYMPHOID NEO/DO GSAP 5- 50DNA/DNA and RNA ALYS		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
81455	SO/HEMATOLYMPHOID NEO/DO 51 OR GT GSAP DNA/DNA and RNA		16	23	39
APPROVED			16	0	16
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	1	1
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	2	2
81456	SO/HEMATOLYMPHOID NEO/DO 51 OR GT RNA ANALYSIS		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
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE		1	16	17
APPROVED			1	0	1
DENIED			0	16	16
Denied for No Pre-authorization			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	3	3
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	9	4	13
APPROVED		9	0	9
DENIED		0	4	4
Denied Administrative		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	2	2
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	0	3	3
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
Experimental Service or Procedure		0	1	1
81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	0	10	10
DENIED		0	10	10
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
Denied Not a Covered Benefit		0	1	1
Experimental Service or Procedure		0	2	2
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	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
82103	ALPHA-1-ANTITRYPSIN TOTAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
82104	ALPHA-1-ANTITRYPSIN PHENOTYPE		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
82105	ALPHA-FETOPROTEIN SERUM		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
82140	ASSAY OF AMMONIA		0	1	1
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 Medical Necessity Criteria Not Met Medical Director			0	1	1
82248	BILIRUBIN DIRECT		0	1	1
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
82378	CARCINOEMBRYONIC ANTIGEN CEA		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

82565	CREATININE BLOOD	2	0	2
APPROVED		2	0	2
82728	ASSAY OF FERRITIN	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	1	1
82805	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	2	0	2
APPROVED		2	0	2
82950	GLUCOSE POST GLUCOSE DOSE	2	0	2
APPROVED		2	0	2
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	2	0	2
APPROVED		2	0	2
82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	1	0	1
APPROVED		1	0	1
82977	ASSAY OF GLUTAMYLTRASE GAMMA	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

83036	HEMOGLOBIN GLYCOSYLATED A1C	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
83540	ASSAY OF IRON	2	0	2
APPROVED		2	0	2
83550	IRON BINDING CAPACITY	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
83615	LACTATE DEHYDROGENASE LDH	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied for No Pre-authorization		0	1	1
83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
83735	ASSAY OF MAGNESIUM	5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
84100	ASSAY OF PHOSPHORUS INORGANIC	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied for No Pre-authorization		0	1	1
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	3	0	3

APPROVED			3	0	3
84436	ASSAY OF THYROXINE TOTAL		2	0	2
APPROVED			2	0	2
84443	ASSAY OF THYROID STIMULATING HORMONE TSH		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
84446	ASSAY OF TOCOPHEROL ALPHA VITAMIN E		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
84450	TRANSFERASE ASPARTATE AMINO AST SGOT		4	0	4
APPROVED			4	0	4
84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO		3	0	3
APPROVED			3	0	3
84590	ASSAY OF VITAMIN A		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
84630	ASSAY OF ZINC		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
84702	GONADOTROPIN CHORIONIC QUANTITATIVE		2	0	2
APPROVED			2	0	2
85025	BLOOD COUNT COMPLETE AUTO AND AUTO DIFRNTL WBC		18	2	20
APPROVED			18	0	18
DENIED			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
85027	BLOOD COUNT COMPLETE AUTOMATED		14	1	15
APPROVED			14	0	14
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
85049	BLOOD COUNT PLATELET AUTOMATED		5	0	5
APPROVED			5	0	5
85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
85097	BONE MARROW SMEAR INTERPRETATION		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Non Participating Provider			0	1	1
85220	CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
85610	Prothrombin time		6	0	6
APPROVED			6	0	6
85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86301	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9		0	1	1
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS		2	0	2
APPROVED			2	0	2
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86580	SKIN TEST TUBERCULOSIS INTRADERMAL		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86593	SYPHILIS TEST QUANTITATIVE		2	0	2
APPROVED			2	0	2
86644	ANTIBODY CYTOMEGALOVIRUS CMV		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA		1	0	1
APPROVED			1	0	1
86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA		1	1	2
APPROVED			1	0	1
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86695	ANTIBODY HERPES SMPLX TYPE 1		2	0	2
APPROVED			2	0	2
86696	ANTIBODY HERPES SMPLX TYPE 2		2	0	2
APPROVED			2	0	2
86701	ANTIBODY HIV-1		2	0	2
APPROVED			2	0	2
86702	ANTIBODY HIV-2		2	0	2
APPROVED			2	0	2
86703	ANTIBODY HIV-1 AND HIV-2 SINGLE RESULT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86706	HEPATITIS B SURF ANTIBODY HBSAB		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86708	HEPATITIS A ANTIBODY HAAB		2	0	2
APPROVED			2	0	2
86709	HEPATITIS ANTIBODY HAAB IGM ANTIBODY		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86762	ANTIBODY RUBELLA		1	1	2

APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86765	ANTIBODY RUBEOLA		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86778	ANTIBODY TOXOPLASMA IGM		5	0	5
APPROVED			5	0	5
86780	ANTIBODY TREPONEMA PALLIDUM		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86787	ANTIBODY VARICELLA-ZOSTER		2	0	2
APPROVED			2	0	2
86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED		5	0	5
APPROVED			5	0	5
86803	HEPATITIS C ANTIBODY		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86807	SERUM SCREENING PCT REACTIVE ANTIBODY STANDRD METH		1	0	1
APPROVED			1	0	1
86812	HLA TYPING A/B/C SINGLE ANTIGEN		3	0	3
APPROVED			3	0	3
86813	HLA TYPING A/B/C MULTIPLE ANTIGENS		3	0	3
APPROVED			3	0	3
86817	HLA TYPING DR/DQ MULTIPLE ANTIGENS		3	0	3

APPROVED			3	0	3
86825	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
86828	ANTIBODY HLA CLASS I AND CLASS II ANTIGENS QUAL		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
86832	ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
86833	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
86834	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL		1	0	1
APPROVED			1	0	1
86835	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL		1	0	1
APPROVED			1	0	1
86900	BLOOD TYPING SEROLOGIC ABO		1	4	5
APPROVED			1	0	1
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
86901	BLOOD TYPING SEROLOGIC RH (D)		2	3	5
APPROVED			2	0	2
DENIED			0	3	3

Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES		4	0	4
APPROVED			4	0	4
87088	CULTURE BCT ISOL AND PRSMPTV ID ISOLATE EA URINE		4	0	4
APPROVED			4	0	4
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
87341	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION		3	0	3
APPROVED			3	0	3
87481	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ		1	0	1
APPROVED			1	0	1
87486	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ		3	0	3
APPROVED			3	0	3
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ		2	0	2
APPROVED			2	0	2
87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION		4	0	4
APPROVED			4	0	4
87522	IADNA HEPATITIS C QUANT AND REVERSE TRANSCRIPTION		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
87541	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ		1	0	1
APPROVED			1	0	1

87581	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	1	0	1
APPROVED		1	0	1
87631	IADNA RESPIRATRY PROBE AND REV TRNSCR 3-5 TARGETS	2	0	2
APPROVED		2	0	2
87640	IADNA S AUREUS AMPLIFIED PROBE TQ	1	0	1
APPROVED		1	0	1
87641	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	1	0	1
APPROVED		1	0	1
87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	2	0	2
APPROVED		2	0	2
87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	1	0	1
APPROVED		1	0	1
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	31	3	34
APPROVED		31	0	31
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	36	7	43
APPROVED		36	0	36
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
87902	NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	2	0	2
APPROVED		2	0	2
88143	CYTP C/V FLU AUTO THIN MNL SCR and RESCR PHYS	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied for No Pre-authorization		0	1	1
Denied Non Participating Provider		0	1	1
88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied for No Pre-authorization		0	1	1
Denied Non Participating Provider		0	1	1
88189	FLOW CYTOMETRY INTERPRETATION 16 OR GT MARKERS	2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied for No Pre-authorization		0	1	1
Denied Non Participating Provider		0	1	1
88237	TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	0	2	2
DENIED		0	2	2
Denied for No Pre-authorization		0	1	1
Denied Non Participating Provider		0	1	1
88262	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	0	2	2
DENIED		0	2	2
Denied for No Pre-authorization		0	1	1
Denied Non Participating Provider		0	1	1

88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	0	2	2
DENIED		0	2	2
Denied for No Pre-authorization		0	1	1
Denied Non Participating Provider		0	1	1
88291	CYTOGENETICS AND MOLEC CYTOGENETICS INTERP AND REP	0	2	2
DENIED		0	2	2
Denied for No Pre-authorization		0	1	1
Denied Non Participating Provider		0	1	1
88305	LEVEL IV SURG PATHOLOGY GROSS AND MICROSCOPIC EXAM	0	2	2
DENIED		0	2	2
Denied for No Pre-authorization		0	1	1
Denied Non Participating Provider		0	1	1
88311	DECALCIFICATION PROCEDURE	0	2	2
DENIED		0	2	2
Denied for No Pre-authorization		0	1	1
Denied Non Participating Provider		0	1	1
88312	SPECIAL STAIN GROUP 1 MICROORGANISMS I AND R	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
88313	SPCL STN 2 I and R EXCPT MICROORG/ENZYME/IMCYT	0	4	4
DENIED		0	4	4
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	1	1
88321	CONSLTJ and REPRT REFERRED SLIDES PREPARED ELSEWHERE	1	1	2
APPROVED		1	0	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88341	IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX		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	1	1
Denied Not a Covered Benefit			0	1	1
88342	IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE		1	5	6
APPROVED			1	0	1
DENIED			0	5	5
Denied for No Pre-authorization			0	1	1
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
88344	IMHCHEM/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL		5	14	19
APPROVED			5	0	5
DENIED			0	14	14
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
Denied Not a Covered Benefit			0	3	3
88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN		1	1	2
APPROVED			1	0	1
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88366	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN		0	1	1
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL		0	2	2
DENIED			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Non Participating Provider			0	1	1
88369	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
88377	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB		0	4	4
DENIED			0	4	4
Denied for No Pre-authorization			0	1	1
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
88380	MICRODISSECTION PREP IDENTIFIED TARGET LASER		0	1	1
DENIED			0	1	1
Experimental Service or Procedure			0	1	1
88381	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL		4	17	21
APPROVED			4	0	4
DENIED			0	17	17

Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	2	2
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION		2	5	7
APPROVED			2	0	2
DENIED			0	5	5
Denied Administrative			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES		0	2	2
DENIED			0	2	2
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES		1	6	7
APPROVED			1	0	1

DENIED			0	6	6
Denied Administrative			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Administrative			0	1	1
90853	GROUP PSYCHOTHERAPY		2	0	2
APPROVED			2	0	2
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL and M		10	2	12
APPROVED			10	0	10
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG		11	3	14
APPROVED			11	0	11
DENIED			0	3	3
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV and MN		9	2	11
APPROVED			9	0	9
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
90870	ELECTROCONVULSIVE THERAPY		7	4	11
APPROVED			7	0	7
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4

90901	BIOFEEDBACK TRAINING ANY MODALITY	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Additional Therapies		0	1	1
90912	BFB TRAING W/EMG and /MANOMETRY 1ST 15 MIN CNTCT	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
90913	BFB TRAING W/EMG and /MANOMETRY EA ADDL 15 MIN CNTCT	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
90935	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
90937	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
90945	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	0	2	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
90947	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1

90966	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	1	0	1
APPROVED		1	0	1
90989	DIALYSIS TRAINING PATIENT COMPLETED COURSE	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
90999	UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT	7	4	11
APPROVED		7	0	7
DENIED		0	4	4
Denied Non Participating Provider		0	4	4
92270	ELECTRO-OCULOGRAPY W/INTERPRETATION and REPORT	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
92507	TX SPEECH LANG VOICE COMMJ and /AUDITORY PROC IND	65	39	104
APPROVED		65	0	65
DENIED		0	39	39
Denied Administrative		0	1	1
Denied Benefit limits exceeded		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	33	33
Denied Non Participating Provider		0	3	3
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GT INDIV	3	0	3
APPROVED		3	0	3
92517	CERVICAL VEMP TESTING W/I and R	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	2	1	3

APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
92526	TX SWALLOWING DYSFUNCTION and /ORAL FUNCJ FEEDING		14	4	18
APPROVED			14	0	14
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
92537	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
92540	VSTBLR FUNCJ NYSTAG FOVL AND PERPH STIMJ OSCIL TRK		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Non Participating Provider			0	1	1
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
92548	CDP-SOT 6 CONDITIONS W/INTERPRETATION and REPORT		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1

92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
92567	Tympanometry	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	1	0	1
APPROVED		1	0	1
92610	EVAL ORAL AND PHARYNGEAL SWLNG FUNCJ	1	0	1
APPROVED		1	0	1
92653	AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE/PX	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	1	0	1
APPROVED		1	0	1
92929	PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	1	0	1
APPROVED		1	0	1
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	2	0	2
APPROVED		2	0	2

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
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I and R	13	4	17
APPROVED		13	0	13
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	3	3
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I and R	19	0	19
APPROVED		19	0	19
93010	ECG ROUTINE ECG W/LEAST 12 LDS I and R ONLY	3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
93015	CV STRS TST XERS and /OR RX CONT ECG W/SI and R	9	6	15
APPROVED		9	0	9
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
Denied Non Participating Provider		0	2	2
93016	CV STRS TST XERS and /OR RX CONT ECG W/O I and R	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93017	CV STRS TST XERS and /OR RX CONT ECG TRCG ONLY	6	3	9

APPROVED			6	0	6
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
93018	CV STRS TST XERS and /OR RX CONT ECG I and R ONLY		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93041	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I and R		7	0	7
APPROVED			7	0	7
93228	XTRNL MOBILE CV TELEMETRY W/I and REPORT 30 DAYS		37	7	44
APPROVED			37	0	37
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT		53	15	68
APPROVED			53	0	53
DENIED			0	15	15
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R and I		27	5	32
APPROVED			27	0	27
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	1	1
93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING		10	1	11
APPROVED			10	0	10

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93243	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT		4	0	4
APPROVED			4	0	4
93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW and INTERPRETATION		13	1	14
APPROVED			13	0	13
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R and I		10	0	10
APPROVED			10	0	10
93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING		9	1	10
APPROVED			9	0	9
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT		6	0	6
APPROVED			6	0	6
93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION		11	0	11
APPROVED			11	0	11
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY		10	2	12
APPROVED			10	0	10
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY		6	1	7
APPROVED			6	0	6
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC and COLR D		33	15	48
APPROVED			33	0	33
DENIED			0	15	15
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	8	8
93307	ECHO TRANSTHORAC R-T 2D W/VO M-MODE REC COMP		16	1	17
APPROVED			16	0	16
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93308	ECHO TRANSTHORC R-T 2D W/VO M- MODE REC F-UP/LMTD		1	0	1
APPROVED			1	0	1
93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I and R		3	0	3
APPROVED			3	0	3
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY		9	1	10
APPROVED			9	0	9
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93321	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD		3	0	3
APPROVED			3	0	3
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING		13	1	14
APPROVED			13	0	13
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93350	ECHO TTHRC R-T 2D W/VO M-MODE COMPLETE REST and ST		3	1	4

APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93351	ECHO TTHRC R-T 2D W/VO M-MODE REST and STRS CONT ECG		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN		1	0	1
APPROVED			1	0	1
93451	RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT		12	2	14
APPROVED			12	0	12
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S and I		10	1	11
APPROVED			10	0	10
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93453	R and L HRT CATH W/NJX L VENTRICULOG IMG S and I		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
93454	CATH PLACEMENT AND NJX CORONARY ART ANGIO IMG S AND I		1	0	1
APPROVED			1	0	1
93456	CATH PLMT R HRT and ARTS W/NJX and ANGIO IMG S and I		1	1	2

APPROVED			1	0	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
93458	CATH PLMT L HRT and ARTS W/NJX and ANGIO IMG S and I		4	0	4
APPROVED			4	0	4
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE		1	0	1
APPROVED			1	0	1
93505	ENDOMYOCARDIAL BIOPSY		2	0	2
APPROVED			2	0	2
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
93595	L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ		1	0	1
APPROVED			1	0	1
93596	R and L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ		1	0	1
APPROVED			1	0	1
93597	R and L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ		1	0	1
APPROVED			1	0	1
93609	INTRA-VENTRIC and /ATRIAL MAPG TACHYCARD W/CATH MA		1	0	1
APPROVED			1	0	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	0	1
APPROVED			1	0	1

93653	COMPRES EP EVAL ABLTJ 3D MAPG TX SVT	1	0	1
APPROVED		1	0	1
93655	ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	1	0	1
APPROVED		1	0	1
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S and I	1	0	1
APPROVED		1	0	1
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	0	6	6
DENIED		0	6	6
Denied Appeal Denial Upheld		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Not a Covered Benefit		0	3	3
Experimental Service or Procedure		0	1	1
93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	14	9	23
APPROVED		14	0	14
DENIED		0	9	9
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3

Denied Non Participating Provider			0	1	1
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI		1	0	1
APPROVED			1	0	1
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT and /RPR ORGN COM		5	0	5
APPROVED			5	0	5
93985	DUPLEX SCAN ARTL INFL and VEN O/F HEMO COMPL BI STD		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93986	DUPLEX SCAN ARTL INFL and VEN O/F HEMO COMPL UNI STD		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/VO MXML VOL VNTJ		15	1	16
APPROVED			15	0	15
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
94060	BRNCDILAT RSPSE SPMTRY PRE AND POST-BRNCDILAT ADMN		6	5	11
APPROVED			6	0	6

DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	3	3
94200	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
94375	Respiratory flow volume loop		1	0	1
APPROVED			1	0	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		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
94621	CARDIOPULMONARY EXERCISE TESTING		2	0	2
APPROVED			2	0	2
94625	PHYS/QHP SVCS OP PULM REHAB WO CONT OXIMTRY MNTR		2	0	2
APPROVED			2	0	2
94626	PHYS/QHP SVCS OP PULM REHAB W/CONT OXIMTRY MNTR		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Benefit limits exceeded			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/INHLLR/IP		1	0	1
APPROVED			1	0	1

94726	PLETHYSMOGRAPHY LUNG VOLUMES W/VO AIRWAY RESIST	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
94729	CO DIFFUSING CAPACITY	4	5	9
APPROVED		4	0	4
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	3	3
95165	PREPJ and ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	1	0	1
APPROVED		1	0	1
95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	30	6	36
APPROVED		30	0	30
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
95705	EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	1	0	1
APPROVED		1	0	1
95706	EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	0	1	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	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95709	EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	4	0	4
APPROVED		4	0	4
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	9	1	10
APPROVED		9	0	9
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	5	0	5
APPROVED		5	0	5
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	2	0	2
APPROVED		2	0	2
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	20	6	26
APPROVED		20	0	20
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	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
95718	EEG PHYS/QHP 2-12 HR WITH VEEG		6	0	6
APPROVED			6	0	6
95719	EEG PHYS/QHP EA INCR GT 12HR LT 26HR AFTER 24HR WO VID		3	0	3
APPROVED			3	0	3
95720	EEG PHYS/QHP EA INCR GT 12HR LT 26HR AFTER 24HR W/VEEG		21	6	27
APPROVED			21	0	21
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
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	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
95723	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/O VIDEO		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
95724	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/VEEG		2	0	2
APPROVED			2	0	2

95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	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
95810	POLYSOM 6 OR GT YRS SLEEP 4 OR GT ADDL PARAM ATTND	122	10	132
APPROVED		122	0	122
DENIED		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	10	10
95811	POLYSOM 6 OR GT YRS SLEEP W/CPAP 4 OR GT ADDL PARAM ATTND	122	14	136
APPROVED		122	0	122
DENIED		0	14	14
Denied Medical Necessity Criteria Not Met Medical Director		0	12	12
Denied Non Participating Provider		0	2	2
95812	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	2	0	2
APPROVED		2	0	2
95813	EEG EXTENDED MONITORING 61-119 MINUTES	1	0	1
APPROVED		1	0	1
95816	ELECTROENCEPHALOGRAM W/REC AWAKE and DROWSY	1	0	1
APPROVED		1	0	1
95822	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	4	0	4
APPROVED		4	0	4
95829	ELECTROCORTICOGRAM SURGERY SPX	1	0	1
APPROVED		1	0	1
95860	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	2	0	2
APPROVED		2	0	2

95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	9	2	11
APPROVED		9	0	9
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
95865	NEEDLE ELECTROMYOGRAPHY LARYNX	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	3	0	3
APPROVED		3	0	3
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	9	1	10
APPROVED		9	0	9
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	10	3	13
APPROVED		10	0	10
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	2	0	2
APPROVED		2	0	2
95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	9	2	11
APPROVED		9	0	9
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
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		3	0	3
APPROVED			3	0	3
95909	NERVE CONDUCTION STUDIES 5-6 STUDIES		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
95910	NERVE CONDUCTION STUDIES 7-8 STUDIES		2	0	2
APPROVED			2	0	2
95911	NERVE CONDUCTION STUDIES 9-10 STUDIES		3	0	3
APPROVED			3	0	3
95912	NERVE CONDUCTION STUDIES 11-12 STUDIES		1	0	1
APPROVED			1	0	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		3	0	3
APPROVED			3	0	3
95938	SHORT-LATENCY SOMATOSENS EP STD UPR AND LOW LIMB		13	0	13
APPROVED			13	0	13
95939	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR AND LOW LI		10	0	10
APPROVED			10	0	10
95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES		5	0	5
APPROVED			5	0	5

95941	IONM REMOTE/NEARBY OR GT 1 PATIENT IN OR PER HOUR	10	3	13
APPROVED		10	0	10
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
95955	EEG NONINTRACRANIAL SURGERY	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95961	FUNCJAL CORT and SUBCORT MAPG PHYS/QHP ATTND INIT HR	1	0	1
APPROVED		1	0	1
95992	CANALITH REPOSITIONING PROCEDURE	1	0	1
APPROVED		1	0	1
95999	UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	12	3	15
APPROVED		12	0	12
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
96040	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	1	0	1
APPROVED		1	0	1
96112	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	4	1	5
APPROVED		4	0	4
DENIED		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96113	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96116	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR		12	2	14
APPROVED			12	0	12
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
96121	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR		6	4	10
APPROVED			6	0	6
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
96130	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR		29	2	31
APPROVED			29	0	29
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
96131	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR		29	13	42
APPROVED			29	0	29
DENIED			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
96132	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR		39	1	40
APPROVED			39	0	39
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96133	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR		33	7	40
APPROVED			33	0	33
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
96136	PSYL/NRPSYCL TST PHYS/QHP 2 Plus TST 1ST 30 MIN		53	2	55
APPROVED			53	0	53
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
96137	PSYCL/NRPSYCL TST PHYS/QHP 2 Plus TST EA ADDL 30 MIN		55	14	69
APPROVED			55	0	55
DENIED			0	14	14
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
96138	PSYCL/NRPSYCL TST TECH 2 Plus TST 1ST 30 MIN		18	2	20
APPROVED			18	0	18
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
96139	PSYCL/NRPSYCL TST TECH 2 Plus TST EA ADDL 30 MIN		14	2	16
APPROVED			14	0	14
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
96146	PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT		1	0	1
APPROVED			1	0	1
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR		11	0	11

APPROVED			11	0	11
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR		11	0	11
APPROVED			11	0	11
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR		10	0	10
APPROVED			10	0	10
96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR		7	0	7
APPROVED			7	0	7
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC		1	0	1
APPROVED			1	0	1
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		15	5	20

APPROVED			15	0	15
DENIED			0	5	5
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR		19	4	23
APPROVED			19	0	19
DENIED			0	4	4
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR		2	0	2
APPROVED			2	0	2
96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE		7	0	7
APPROVED			7	0	7
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96910	PHOTOCHEMOTX TAR and UVB/PETROLATUM/UVB		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA		0	1	1

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96920	EXCIMER LASER TX PSORIASIS TOT AREA LT 250 SQ CM		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
96921	EXCIMER LASER TX PSORIASIS 250-500 SQ CM		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
96922	EXCIMER LASER TX PSORIASIS GT 500 SQ CM		3	0	3
APPROVED			3	0	3
97010	APPLICATION MODALITY 1 OR GT AREAS HOT/COLD PACKS		12	3	15
APPROVED			12	0	12
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
97012	APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
97014	APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED		19	3	22
APPROVED			19	0	19
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1

97016	APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
97018	APPL MODALITY 1 OR GT AREAS PARAFFIN BATH	1	0	1
APPROVED		1	0	1
97032	APPL MODALITY 1 Plus AREAS ESTIM EA 15 MIN	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
97033	APPL MODALITY 1 Plus AREAS IONTOPHORESIS EA 15 MIN	1	0	1
APPROVED		1	0	1
97035	APPL MODALITY 1 Plus AREAS ULTRASOUND EA 15 MIN	12	2	14
APPROVED		12	0	12
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
97039	UNLISTED MODALITY SPEC TYPE and TIME CONSTANT ATTN	3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Denied Administrative		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
97110	THERAPEUTIC PX 1 OR GT AREAS EACH 15 MIN EXERCISES	449	189	638
APPROVED		449	0	449
DENIED		0	189	189
Denied Administrative		0	3	3

Denied Benefit limits exceeded			0	16	16
Denied Days per Medical Review			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	156	156
Denied Non Participating Provider			0	9	9
97112	THER PX 1 OR GT AREAS EACH 15 MIN NEUROMUSC REEDUCA		368	154	522
APPROVED			368	0	368
DENIED			0	154	154
Denied Administrative			0	4	4
Denied Benefit limits exceeded			0	12	12
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	129	129
Denied Non Participating Provider			0	8	8
97113	THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS		10	29	39
APPROVED			10	0	10
DENIED			0	29	29
Denied Administrative			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
Denied Not a Covered Benefit			0	16	16
97116	THER PX 1 OR GT AREAS EA 15 MIN GAIT TRAING W/STAIR		201	75	276
APPROVED			201	0	201
DENIED			0	75	75
Denied Administrative			0	2	2
Denied Benefit limits exceeded			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	63	63

Denied Non Participating Provider			0	1	1
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97140	MANUAL THERAPY TQS 1 OR GT REGIONS EACH 15 MINUTES		372	154	526
APPROVED			372	0	372
DENIED			0	154	154
Denied Administrative			0	2	2
Denied Benefit limits exceeded			0	15	15
Denied for No Pre-authorization			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	127	127
Denied Non Participating Provider			0	7	7
97150	THERAPEUTIC PROCEDURES GROUP 2 OR GT INDIVIDUALS		42	14	56
APPROVED			42	0	42
DENIED			0	14	14
Denied Administrative			0	1	1
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
Denied Non Participating Provider			0	1	1
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN		21	1	22
APPROVED			21	0	21

DENIED			0	1	1
Denied Administrative			0	1	1
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN		16	1	17
APPROVED			16	0	16
DENIED			0	1	1
Denied Administrative			0	1	1
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN		14	1	15
APPROVED			14	0	14
DENIED			0	1	1
Denied Administrative			0	1	1
97155	ADAPT BHV TX PRCL MODIFICA PHYS/QHP EA 15 MIN		16	1	17
APPROVED			16	0	16
DENIED			0	1	1
Denied Administrative			0	1	1
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN		16	1	17
APPROVED			16	0	16
DENIED			0	1	1
Denied Administrative			0	1	1
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS		5	6	11
APPROVED			5	0	5
DENIED			0	6	6
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	3	3
97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS		5	1	6
APPROVED			5	0	5
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
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		44	5	49
APPROVED			44	0	44
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Benefit limits exceeded			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS		1	0	1
APPROVED			1	0	1
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN		366	144	510
APPROVED			366	0	366
DENIED			0	144	144
Denied Administrative			0	4	4
Denied Benefit limits exceeded			0	9	9

Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	124	124
Denied Non Participating Provider			0	6	6
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES		2	0	2
APPROVED			2	0	2
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES		101	44	145
APPROVED			101	0	101
DENIED			0	44	44
Denied Administrative			0	1	1
Denied Benefit limits exceeded			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	37	37
Denied Non Participating Provider			0	2	2
97537	COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN		1	0	1
APPROVED			1	0	1
97542	WHEELCHAIR MGMT EA 15 MIN		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97597	DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM OR LT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
97605	NEGATIVE PRESSURE WOUND THERAPY DME LT or equal to 50 SQ		2	0	2
APPROVED			2	0	2
97607	NEG PRESSURE WOUND THERAPY NON DME LT or equal to 50 SQ		3	0	3

APPROVED			3	0	3
97610	LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN		65	23	88
APPROVED			65	0	65
DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	22	22
Denied Non Participating Provider			0	1	1
97760	ORTHOTICS MGMT AND TRAING INITIAL ENCTR EA 15 MINS		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97763	ORTHOTICS/PROSTH MGMT and /TRAING SBSQ ENCTR 15 MIN		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS		0	1	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1 OR GT REGION		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
98975	REMOTE THERAPEUTIC MNTR 1ST SETUP and PT EDUCAJ EQP		4	3	7
APPROVED			4	0	4
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
98977	REM THER MNTR DEV SPLY W/REC MUSCSKEL SYS EA 30D		4	3	7
APPROVED			4	0	4
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
98980	REMOTE THER MNTR TX MGMT PHYS/QHP 1ST 20 MIN		1	0	1
APPROVED			1	0	1
98981	REMOTE THER MNTR TX MGMT PHYS/QHP EA ADDL 20 MIN		1	0	1
APPROVED			1	0	1
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99071	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST		1	0	1

APPROVED			1	0	1
99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5 OR GT YRS		12	1	13
APPROVED			12	0	12
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99183	PHYS/QHP ATTN and SUPVJ HYPRBARIC OXYGEN TX/SESSION		14	1	15
APPROVED			14	0	14
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES		4	10	14
APPROVED			4	0	4
DENIED			0	10	10
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	6	6
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES		15	10	25
APPROVED			15	0	15
DENIED			0	10	10

Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	4	4
Denied Out of Area Services			0	1	1
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES		21	9	30
APPROVED			21	0	21
DENIED			0	9	9
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	6	6
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP		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	1	1
Denied Out of Area Services			0	1	1
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN		6	5	11
APPROVED			6	0	6
DENIED			0	5	5
Denied Non Participating Provider			0	5	5
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN		23	13	36
APPROVED			23	0	23
DENIED			0	13	13
Denied Administrative			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	4	4

Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	5	5
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN		41	22	63
APPROVED			41	0	41
DENIED			0	22	22
Denied Administrative			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	3	3
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	11	11
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN		36	8	44
APPROVED			36	0	36
DENIED			0	8	8
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	5	5
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES		1	0	1
APPROVED			1	0	1
99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES		2	1	3
APPROVED			2	0	2
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES		3	0	3
APPROVED			3	0	3
99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99238	HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN OR LT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99239	HOSPITAL IP/OBS DISCHARGE DAY MGMT GT 30 MIN		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99242	OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES		2	0	2
APPROVED			2	0	2
99243	OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES		1	0	1
APPROVED			1	0	1
99244	OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES		17	15	32
APPROVED			17	0	17
DENIED			0	15	15

Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	9	9
99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES		13	9	22
APPROVED			13	0	13
DENIED			0	9	9
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
99251	INITIAL INPATIENT CONSULT NEW/ESTAB PT 20 MIN		1	0	1
APPROVED			1	0	1
99308	SBSQ NURSING FACILITY CARE LOW MDM 20 MINUTES		2	0	2
APPROVED			2	0	2
99315	NURSING FACILITY DSCHRG MGMT 30 MIN OR LT TOT TIME		1	0	1
APPROVED			1	0	1
99345	HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99358	PROLNG E/M SVC BEFORE and /AFTER DIR PT CARE 1ST HR		1	0	1

APPROVED			1	0	1
99359	PROLNG E/M BEFORE and /AFTER DIR CARE EA 30 MINUTES		1	0	1
APPROVED			1	0	1
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT LT 1YEAR		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS AND OLDER		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99417	PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES		1	0	1
APPROVED			1	0	1
99441	PHYS/QHP TELEPHONE EVALUATION 5- 10 MIN		1	0	1
APPROVED			1	0	1
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN		3	0	3
APPROVED			3	0	3
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE		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
99512	HOME VISIT HEMODIALYSIS		2	0	2
APPROVED			2	0	2
99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT LT 2 HR		1	0	1
APPROVED			1	0	1
A0382	BLS ROUTINE DISPOSABLE SUPPLIES		4	14	18
APPROVED			4	0	4
DENIED			0	14	14
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
Denied Not a Covered Benefit			0	5	5
A0398	ALS ROUTINE DISPOSABLE SUPPLIES		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
A0422	AMB OXYGEN AND O2 SUPPLIES LIFE SUSTAINING SITUATION		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
A0425	GROUND MILEAGE PER STATUTE MILE		9	51	60
APPROVED			9	0	9
DENIED			0	51	51
Denied Administrative			0	6	6

Denied Benefit limits exceeded			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	20	20
A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1		4	4	8
APPROVED			4	0	4
DENIED			0	4	4
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	2	2
A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT		6	55	61
APPROVED			6	0	6
DENIED			0	55	55
Denied Additional Information Not Received			0	1	1
Denied Administrative			0	7	7
Denied Benefit limits exceeded			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	22	22
A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY		1	0	1
APPROVED			1	0	1
A0434	SPECIALTY CARE TRANSPORT		1	0	1

APPROVED			1	0	1
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE		1	0	1
APPROVED			1	0	1
A2001	INNOVAMATRIX AC PER SQ CM		1	0	1
APPROVED			1	0	1
A4215	NEEDLE STERILE ANY SIZE EACH		3	0	3
APPROVED			3	0	3
A4216	STERIL WATER SALINE and OR DXT DILUENT/FLUSH 10 ML		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Non Participating Provider			0	1	1
A4221	SUPPLIES FOR MAINT NON-INS RX INFUS CATH PER WK		2	0	2
APPROVED			2	0	2
A4222	INFUS SPL EXT RX INFUS PUMP CASSETTE/BAG		2	0	2
APPROVED			2	0	2
A4230	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A4232	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A4239	SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS		10	2	12
APPROVED			10	0	10
DENIED			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
A4245	Alcohol wipes per box		1	0	1
APPROVED			1	0	1
A4364	ADHESIVE LIQUID OR EQUAL ANY TYPE PER OUNCE		2	0	2
APPROVED			2	0	2
A4456	ADHESIVE REMOVER WIPES ANY TYPE EACH		4	0	4
APPROVED			4	0	4
A4481	TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH		2	0	2
APPROVED			2	0	2
A4556	ELECTRODES PER PAIR		4	10	14
APPROVED			4	0	4
DENIED			0	10	10
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	6	6
A4557	LEAD WIRES PER PAIR		1	9	10
APPROVED			1	0	1
DENIED			0	9	9
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	5	5
A4604	TUBING W/INTGR HEAT ELEM W/POS AIRWAY PRESS DEVC		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A4626	TRACHEOSTOMY CLEANING BRUSH EACH		4	0	4
APPROVED			4	0	4

A4630	REPLCMT BATTERY MED NECES TRNSQ ELEC STIM OWND PT	1	10	11
APPROVED		1	0	1
DENIED		0	10	10
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	6	6
A4648	TISSUE MARKER IMPLANTABLE ANY TYPE EACH	1	0	1
APPROVED		1	0	1
A4657	SYRINGE WITH OR WITHOUT NEEDLE EACH	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A4674	CHEMS/ANTISEPTICS SOL CLEAN/STERILIZE DIALY 8OZ	1	0	1
APPROVED		1	0	1
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS EACH	1	0	1
APPROVED		1	0	1
A4690	DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS EACH	1	0	1
APPROVED		1	0	1
A4709	ACID CONCENTRATE SOLUTION HEMODIAL PER GALLON	1	0	1
APPROVED		1	0	1
A4755	BLOOD TUBING ART AND VENOUS COMBINED HEMODIALYSIS EA	1	0	1
APPROVED		1	0	1
A4927	GLOVES NON-STERILE PER 100	1	0	1
APPROVED		1	0	1
A5120	SKIN BARRIER WIPES OR SWABS EACH	4	0	4
APPROVED		4	0	4

A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	2	0	2
APPROVED		2	0	2
A6216	GAUZE NON-IMPREG NONSTERL 16 SQ OR LT W/O ADHES EA	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A6550	WND CARE SET NEG PRSS WND TX ELEC PUMP SPL	2	0	2
APPROVED		2	0	2
A7000	CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH	2	0	2
APPROVED		2	0	2
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT EA	1	0	1
APPROVED		1	0	1
A7501	TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM EACH	2	0	2
APPROVED		2	0	2
A7503	FLTR HOLDER/CAP REUSBL TRACHEOSTOMA EXCHG SYS EA	2	0	2
APPROVED		2	0	2
A7507	FLTR HLDR and INTGR FLTR W/O ADHES TRACHEOSTMA EXCHG	5	0	5
APPROVED		5	0	5
A7508	HOUS and INTGR ADHES TRACHEOSTOMA EXCHG SYS and / VALV	4	0	4
APPROVED		4	0	4
A7520	TRACHEOST/LARYNGECT TUBE NON-CUFFED POLYVINYLCHL	5	0	5
APPROVED		5	0	5
A7523	TRACHEOSTOMY SHOWER PROTECTOR EACH	4	0	4
APPROVED		4	0	4
A7524	TRACHEOSTOMA STENT/STUD/BUTTON EACH	2	0	2

APPROVED			2	0	2
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EACH		4	0	4
APPROVED			4	0	4
A9276	SNSR;INVSV DISP USE NONDME INTRSTL CGM 1U Equal to 1D SPL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A9500	TECHNETIUM TC-99M SESTAMIBI DX PER STUDY DOSE		0	4	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
A9502	TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE		1	0	1
APPROVED			1	0	1
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI		1	0	1
APPROVED			1	0	1
A9540	TECHNETIUM TC-99M MAA DX STDY DOSE UP TO 10 MCI		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI		1	0	1
APPROVED			1	0	1
A9552	FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A9562	TECHNETIUM TC-99M MERTIATIDE DX UP TO 15 MCI		1	0	1
APPROVED			1	0	1
A9582	IODINE I-123 IOBENGUANE DX STUDY DOSE TO 15 MCI		1	0	1
APPROVED			1	0	1
A9585	INJECTION GADOBUTROL 0.1 ML		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Administrative			0	1	1
A9596	GALLIUM GA-68 GOZETOTIDE DIAG ILLUCCIX 1 MCI		4	0	4
APPROVED			4	0	4
A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI		2	0	2
APPROVED			2	0	2
A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS		2	0	2
APPROVED			2	0	2
APS		(Blank)	7	0	7
Approved			7	0	7
			7	0	7
APS	3D Rendering Not on Independent Workstation	Auth - AI 3D Rendering Not On Independent Workstation (76376) 3D Rendering Not On Independent Workstation	1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	3D Rendering On Independent Workstation	Auth - AI 3D Rendering On Independent Workstation (76377) 3D Rendering On Independent Workstation	9	0	9
APPROVED			9	0	9

APS	Arthrodesis, anterior interbody Arthrodesis, anterior interbody	Auth - PA Arthrodesis, anterior interbody 22548,22551-52,22554,22585 Arthrodesis, anterior interbody	8	0	8
APPROVED			8	0	8
APS	Arthroscopy: Hip Arthroscopy: Hip	Auth - PA Arthroscopy: Hip 29860-29863, 29914-29916 Arthroscopy: Hip	2	0	2
APPROVED			2	0	2
APS	Arthroscopy: Knee Arthroscopy: Knee	Auth - PA Arthroscopy: Knee 29870-71, 29873-77, 29879-89 Arthroscopy: Knee	20	0	20
APPROVED			20	0	20
APS	Auth-Sleep Study Sleep Study (95810, 95811)	Auth - Sleep Study CPT Sleep Study (95810, 95811)	53	0	53
APPROVED			53	0	53
APS	CT Scan Ab+Pelvis	Auth - AI CT Ab+Pelvis (74176 - 78) CT Abdomen+Pelvis	1079	11	1090
Approved			1079	0	1079
			1068	0	1068
DENIED			0	11	11
Denied Additional Information Not Received			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	2	2
APS	CT Scan Abdomen	Auth - AI CT Abdomen (74150, 74160, 74170) CT Abdomen	147	3	150
APPROVED			147	0	147
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
APS	CT Scan Abdomen	Auth - AI Z-CT Angiography, Abdomen (74175, 74174) Z-CT Angiography, Abdomen	2	0	2
APPROVED			2	0	2

APS	CT Scan Angiography, Abdominal Arteries	Auth - AI Z-CT Angio, Ab Arteries (75635, 74174) Z-CT Angiography, Abdominal Arteries	36	3	39
APPROVED			36	0	36
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
APS	CT Scan Angiography, Chest	Auth - AI CT Angiography, Chest (71275) CT Angiography, Chest	53	1	54
APPROVED			53	0	53
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	CT Scan Angiography, Head	Auth - AI CT Angiography, Head (70496) CT Angiography, Head	31	0	31
APPROVED			31	0	31
APS	CT Scan Angiography, Neck	Auth - AI CT Angiography, Neck (70498) CT Angiography, Neck	25	1	26
APPROVED			25	0	25
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
APS	CT Scan Angiography, Pelvis	Auth - AI Z-CT Angiography, Pelvis (72191, 74174) Z-CT Angiography, Pelvis	1	0	1
APPROVED			1	0	1
APS	CT Scan Cervical Spine	Auth - AI CT Cervical Spine (72125, 72126, 72127) CT Cervical Spine	27	2	29
APPROVED			27	0	27
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	CT Scan Chest	Auth - AI CT Chest (71250, 71260, 71270, 71271) CT Chest	851	7	858
Approved			851	0	851

			848	0	848
DENIED			0	7	7
Denied Additional Information Not Received			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
APS	CT Scan CT Angiography, Cardiac	Auth - AI CT Angiography, Cardiac (0623T, 0624T, 0625T, 0626T, 75574) CT Angiography, Cardiac	66	1	67
APPROVED			66	0	66
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	CT Scan CT Breast	Auth - AI CT Breast (0633T, 0634T, 0635T, 0636T, 0637T, 0638T) CT Breast	1	0	1
APPROVED			1	0	1
APS	CT Scan CT Cardiac	Auth - AI CT Cardiac (75571, 75572, 75573, S8092) CT Cardiac	20	3	23
APPROVED			20	0	20
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	CT Scan CT Colonography	Auth - AI CT Colonography (74261, 74262, 74263) CT Colonography	2	0	2
APPROVED			2	0	2
APS	CT Scan Head/Brain	Auth - AI CT Head/Brain (70450, 70460, 70470) CT Head/Brain	131	4	135
APPROVED			131	0	131
DENIED			0	4	4
Denied Additional Information Not Received			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

APS	CT Scan Lower Extremity	Auth - AI CT Angiography, Lower Extremity (73706) CT Angiography, Lower Extremity	1	0	1
APPROVED			1	0	1
APS	CT Scan Lower Extremity	Auth - AI CT Lower Extremity (73700, 73701, 73702)	0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	CT Scan Lower Extremity	Auth - AI CT Lower Extremity (73700, 73701, 73702) CT Lower Extremity	56	0	56
APPROVED			56	0	56
APS	CT Scan Lumbar Spine	Auth - AI CT Lumbar Spine (72131, 72132, 72133) CT Lumbar Spine	35	4	39
APPROVED			35	0	35
DENIED			0	4	4
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	CT Scan Maxillofacial/Sinus	Auth - AI CT Maxillofacial/Sinus (70486, 70487, 70488) CT Maxillofacial/Sinus	127	1	128
APPROVED			127	0	127
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
APS	CT Scan Orbit	Auth - AI CT Orbit (70480, 70481, 70482) CT Orbit	36	1	37
Approved			36	0	36
			36	0	36
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	CT Scan Pelvis	Auth - AI CT Pelvis (72192, 72193, 72194) CT Pelvis	38	2	40
APPROVED			38	0	38
DENIED			0	2	2

Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	CT Scan Soft Tissue Neck	Auth - AI CT Soft Tissue Neck (70490, 70491, 70492) CT Soft Tissue Neck	117	2	119
Approved			117	0	117
			117	0	117
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	CT Scan Thoracic Spine	Auth - AI CT Thoracic Spine (72128, 72129, 72130) CT Thoracic Spine	8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
APS	CT Scan Upper Extremity	Auth - AI CT Upper Extremity (73200, 73201, 73202) CT Upper Extremity	22	2	24
APPROVED			22	0	22
DENIED			0	2	2
Denied Additional Information Not Received			0	2	2
APS	Detoxification	Inpatient Accomodation LOC DETOXIFICATION	10	6	16
APPROVED			10	0	10
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
APS	Duplex scan, extremity Duplex scan of extremity, veins or arteries	Auth - PA Duplex scan, extremity 93930, 93931, 93970-71, 93985-86 Duplex scan of extremity, veins or arteries	7	0	7
APPROVED			7	0	7
APS	ECG External ECG recording up to 48h	Auth - PA External electrocardiographic recording up to 48h (93224-27) External ECG recording up to 48h	1	0	1
APPROVED			1	0	1

APS	ECG External ECG recording, more than 48h - 7 days	Auth - PA External ECG recording, > 48h to 7 days (93241-44) External ECG recording, more than 48h - 7 days	21	0	21
APPROVED			21	0	21
APS	ECG External ECG recording, more than 7 days - 15 days	Auth - PA External ECG recording, days > 7 to 15 (93245-48) External ECG recording, more than 7 days - 15 days	9	0	9
APPROVED			9	0	9
APS	Endovascular Revascularization, LE Endovascular Revascularization, lower extremities	Auth - PA Endovascular Revascularization, LE 37220, 37221, 37224-31 Endovascular Revascularization, lower extremities	81	0	81
APPROVED			81	0	81
APS	Eval&Mgmt Evaluation & Management	Auth - PA Eval&Mgmt 99201-05, 99211-15, 99241-45, 99381-87, 99391-97 Evaluation & Management	121	9	130
APPROVED			121	0	121
DENIED			0	9	9
Denied Non Participating Provider			0	9	9
APS	Home Health Services	MMP - Benefits HOME HEALTH HOME HEALTH	4	0	4
APPROVED			4	0	4
APS	Hospice	Inpatient Accomodation LOC HOSPICE	4	0	4
APPROVED			4	0	4
APS	ICU - Pediatrics	Inpatient Accomodation LOC PEDS-ICU	138	13	151
APPROVED			138	0	138
DENIED			0	13	13
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
APS	ICU/CCU	Inpatient Accomodation LOC ICU/CCU	824	104	928
APPROVED			824	0	824
DENIED			0	104	104
Denied Additional Information Not Received			0	45	45
Denied for Readmission			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	58	58
APS	Injection anesthetic agent Injection anesthetic agent	Auth - PA Injection anesthetic agent 62320-23, 64479-80, 64483-84 Injection anesthetic agent	52	3	55
APPROVED			52	0	52
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
APS	Intermediate ICU	Inpatient Accomodation LOC INTERMEDIATE ICU	127	32	159
APPROVED			127	0	127
DENIED			0	32	32
Denied Additional Information Not Received			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
APS	LTAC - Level 1	Inpatient Accomodation LOC LTAC LEVEL 1	189	35	224
APPROVED			189	0	189
DENIED			0	35	35
Denied Additional Information Not Received			0	7	7
Denied Days per Medical Review			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	27	27
APS	LTAC - Level 2	Inpatient Accomodation LOC LTAC LEVEL 2	5	0	5
APPROVED			5	0	5
APS	Medical	Inpatient Accomodation LOC MEDICAL	2728	2431	5159
APPROVED			2728	0	2728
DENIED			0	2431	2431
D-5 Deny for Insufficient Medical Information Received			0	1	1
Denied Additional Information Not Received			0	1104	1104
Denied Administrative			0	3	3
Denied Assistant Surgeon Not Approved			0	1	1

Denied Benefit limits exceeded			0	1	1
Denied Days per Medical Review			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied for Hospital Late Notification per Contract			0	4	4
Denied for No Pre-authorization			0	3	3
Denied for Readmission			0	9	9
Denied Home on Pass from Hospital			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1299	1299
Denied Member Ineligible			0	1	1
Level of Care Not Appropriate			0	1	1
APS	Medical - Pediatrics	Inpatient Accomodation LOC PEDS-MEDICAL	96	58	154
APPROVED			96	0	96
DENIED			0	58	58
Denied Additional Information Not Received			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	35	35
APS	Mental Health	Inpatient Accomodation LOC MENTAL HEALTH	281	35	316
APPROVED			281	0	281
DENIED			0	35	35
Denied Additional Information Not Received			0	2	2
Denied Administrative			0	3	3
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	29	29
APS	MR MR Elastography	Auth - AI MR Elastography, Hepatic (76391) MR Elastography	8	0	8
APPROVED			8	0	8
APS	MRA Abdomen	Auth - AI MRA Abdomen (74185, C8900, C8901, C8902) MRA Abdomen	3	0	3

APPROVED			3	0	3
APS	MRA Chest	Auth - AI MRA Chest (71555, C8909, C8910, C8911) MRA Chest	3	0	3
APPROVED			3	0	3
APS	MRA Head	Auth - AI MRA Head (70544, 70545, 70546) MRA Head	42	1	43
APPROVED			42	0	42
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRA Neck	Auth - AI MRA Neck (70547, 70548, 70549) MRA Neck	14	0	14
APPROVED			14	0	14
APS	MRI Abdomen	Auth - AI MRI Abdomen (74181, 74182, 74183, S8037)	1	0	1
APPROVED			1	0	1
APS	MRI Abdomen	Auth - AI MRI Abdomen (74181, 74182, 74183, S8037) MRI Abdomen	216	3	219
APPROVED			216	0	216
DENIED			0	3	3
Denied Additional Information Not Received			0	2	2
Denied Non Participating Provider			0	1	1
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)	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) MRI Brain	565	10	575
APPROVED			565	0	565
DENIED			0	10	10
Denied Additional Information Not Received			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6

Denied Non Participating Provider			0	1	1
APS	MRI Breast	Auth - AI MRI Breast (77046-77049, C8903, C8905, C8906, C8908, C8937) MRI Breast	79	0	79
APPROVED			79	0	79
APS	MRI Cervical Spine	Auth - AI MRI Cervical Spine (72141, 72142, 72156) MRI Cervical Spine	213	7	220
APPROVED			213	0	213
DENIED			0	7	7
Denied Additional Information Not Received			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	MRI Chest	Auth - AI MRI Chest (71550, 71551, 71552) MRI Chest	14	0	14
APPROVED			14	0	14
APS	MRI Heart	Auth - AI MRI Heart (75557, 75559, 75561, 75563, C9762, C9763) MRI Heart	14	0	14
APPROVED			14	0	14
APS	MRI Hip	Auth - AI MRI Hip (73721, 73722, 73723) MRI Hip	309	2	311
Approved			309	0	309
			309	0	309
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRI Lower Extremity Joint	Auth - AI Z - MRI LE Joint (73721, 73722, 73723) MRI Lower Extremity Joint	30	16	46
APPROVED			30	0	30
DENIED			0	16	16
Denied Additional Information Not Received			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
APS	MRI Lower Extremity, other than Joint	Auth - AI MRI LE, other than Joint (73718 - 73720) MRI Lower Extremity, other than Joint	68	2	70

Approved			68	0	68
			67	0	67
DENIED			0	2	2
Denied Additional Information Not Received			0	2	2
APS	MRI Lumbar Spine	Auth - AI MRI Lumbar Spine (72148, 72149, 72158) MRI Lumbar Spine	301	24	325
APPROVED			301	0	301
DENIED			0	24	24
Denied Additional Information Not Received			0	17	17
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	2	2
APS	MRI MRI Brain	Auth - AI MRI Brain, Functional (70554, 70555) MRI Brain	3	0	3
APPROVED			3	0	3
APS	MRI Orbit, Face, Neck, IAC	Auth - AI MRI Orbit, Face, Neck, IAC (70540, 70542, 70543) MRI Orbit, Face, Neck	47	1	48
APPROVED			47	0	47
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, 74712) MRI Pelvis	166	3	169
APPROVED			166	0	166
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
APS	MRI Thoracic Spine	Auth - AI MRI Thoracic Spine (72146, 72147, 72157) MRI Thoracic Spine	84	0	84
APPROVED			84	0	84

APS	MRI Upper Extremity Joint	Auth - AI MRI Upper Extremity Joint (73221, 73222, 73223) MRI Upper Extremity Joint	194	9	203
Approved			194	0	194
			194	0	194
DENIED			0	9	9
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
Denied Non Participating Provider			0	1	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	32	2	34
APPROVED			32	0	32
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	Neurostimulator procedures Insertion, revision or removal of neurostimulator	Auth - PA Neurostimulator procedures 63650,63655,63661-64,63685,63688 Insertion, revision or removal of neurostimulator	5	0	5
APPROVED			5	0	5
APS	Nuclear Medicine Cardiology	Auth - AI Nuc-Cardio78451-54,78466-69,78472,78473,78481,78483,78494-99 Myocardial Perfusion Imaging - Nuclear Cardiology	391	27	418
APPROVED			391	0	391
DENIED			0	27	27
Denied Additional Information Not Received			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
APS	Nursery - Newborn - Level I	Inpatient Accomodation LOC Z - NURSERY	8	2	10
APPROVED			8	0	8
DENIED			0	2	2

Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	Nursery - Newborn - Level II	Inpatient Accomodation LOC Z - SPECIAL CARE NURSERY	10	0	10
APPROVED			10	0	10
APS	Nursery - Newborn - Level III	Inpatient Accomodation LOC NICU LEVEL 3	30	6	36
APPROVED			30	0	30
DENIED			0	6	6
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	Nursery - Newborn - Level IV	Inpatient Accomodation LOC NICU LEVEL 4	0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	Nursing Facility Services Unspecified	CPT - 99200-99499 Evaluation and Management 99301-99319 Nursing Facility Services	1	0	1
APPROVED			1	0	1
APS	OB - C/Section	Inpatient Accomodation LOC OB-C/SECTION	127	2	129
APPROVED			127	0	127
DENIED			0	2	2
Denied Additional Information Not Received			0	2	2
APS	OB - High Risk (Non-Delivered)	Inpatient Accomodation LOC OB-HIGH RISK (NON DELIVERED)	83	73	156
APPROVED			83	0	83
DENIED			0	73	73
Denied Additional Information Not Received			0	67	67
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
APS	OB - Normal Vaginal	Inpatient Accomodation LOC OB-NORMAL VAGINAL	231	1	232

APPROVED			231	0	231
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 (Estblshd Ptnt)	2	0	2
APPROVED			2	0	2
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)	1	0	1
APPROVED			1	0	1
APS	PET Brain	Auth - AI PET Scan, Brain (78608, 78609) PET Scan, Brain	3	0	3
Approved			3	0	3
			3	0	3
APS	PET Heart	Auth - AI PET Scan, Heart (78429-78433, 78459, 78491, 78492) PET Scan, Heart	15	4	19
APPROVED			15	0	15
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	PET Tumor	Auth - AI PET Scan, Tumor (G0219, G0235, G0252, 78811-78816) PET Scan, Tumor Imaging	361	5	366
APPROVED			361	0	361
DENIED			0	5	5
Denied Additional Information Not Received			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Non Participating Provider			0	3	3
APS	Presumptive Drug Testing Presumptive Drug Testing	Auth - PA Presumptive Drug Testing 80305 - 80307 Presumptive Drug Testing	3	0	3
APPROVED			3	0	3

APS	Rehab - Level 1	Inpatient Accomodation LOC REHAB LEVEL 1	293	62	355
APPROVED			293	0	293
DENIED			0	62	62
Denied Additional Information Not Received			0	16	16
Denied Medical Necessity Criteria Not Met Medical Director			0	43	43
Denied Non Participating Provider			0	3	3
APS	Rehab - Level 2	Inpatient Accomodation LOC REHAB LEVEL 2	5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	Repair rotator cuff Repair rotator cuff, ruptured	Auth - PA Repair rotator cuff 23130,23410,23412,23415,23420,29827 Repair rotator cuff, ruptured	7	0	7
APPROVED			7	0	7
APS	Shoulder Arthroscopy, surgical Shoulder Arthroscopy, surgical	Auth - PA Shoulder Arthroscopy, surgical 29823-29825, 29828 Shoulder Arthroscopy, surgical	7	0	7
APPROVED			7	0	7
APS	Skilled Nursing Services (RN, LPN) Skilled Nursing Services (RN, LPN)	Auth - PA Skilled Nursing Services (RN, LPN) G0299, G0300 Skilled Nursing Services (RN, LPN)	42	1	43
APPROVED			42	0	42
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	SNF - Level 1	Inpatient Accomodation LOC SNF LEVEL 1	184	41	225
APPROVED			184	0	184
DENIED			0	41	41
Authorized Quantity Exceeded			0	1	1
Denied Additional Information Not Received			0	9	9
Denied Benefit limits exceeded			0	8	8

Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
Denied Non Participating Provider			0	5	5
APS	SNF - Level 2	Inpatient Accomodation LOC SNF LEVEL 2	13	2	15
APPROVED			13	0	13
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	SNF - Level 3	Inpatient Accomodation LOC SNF LEVEL 3	0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	Speech Therapy Speech Therapy	Auth - PA Speech Therapy 92507, 92508 Speech Therapy	8	0	8
APPROVED			8	0	8
APS	Stem Cell Transplant J1447, J2562, Q5101, Q5110, Q5125, 38206, 38207, 38241	Auth - PA Stem Cell Transplant J1447, J2562, Q5101, Q5110, Q5125, 38206, 38207, 38241	4	0	4
APPROVED			4	0	4
APS	Surgical	Inpatient Accomodation LOC SURGICAL	143	75	218
APPROVED			143	0	143
DENIED			0	75	75
Denied Additional Information Not Received			0	13	13
Denied for Hospital Late Notification per Contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	61	61
APS	Surgical	MP-Inpatient Accommodation - UM LOC Surgical	1	0	1
APPROVED			1	0	1
APS	Surgical - Pediatrics	Inpatient Accomodation LOC PEDS-SURGICAL	1	0	1
APPROVED			1	0	1
APS	Tele/Sac	Inpatient Accomodation LOC TELE/SAC	390	146	536

APPROVED			390	0	390
DENIED			0	146	146
Denied Additional Information Not Received			0	38	38
Denied for Hospital Late Notification per Contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	107	107
APS	TLH hysterectomy Laparoscopy, surgical, with total hysterectomy	Auth - PA TLH hysterectomy58541-44,58548,58550,58552-54,58570-73,58575 Laparoscopy, surgical, with total hysterectomy	22	0	22
APPROVED			22	0	22
APS	Transplant	Inpatient Accomodation LOC TRANSPLANT	3	0	3
APPROVED			3	0	3
APS	Trauma	Inpatient Accomodation LOC TRAUMA	1	0	1
APPROVED			1	0	1
APS	Unspecified	Inpatient Accomodation	3	8	11
APPROVED			3	0	3
DENIED			0	8	8
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
APS	Unspecified	Inpatient Accomodation LOC	2	5	7
APPROVED			2	0	2
DENIED			0	5	5
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
B4150	ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1

B4185	PARENTERAL NUTRITION SOL NOS 10 GRAMS LIPIDS	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Administrative		0	1	1
Denied Non Participating Provider		0	1	1
B4189	PARNTRAL NUT SOL; AMINO ACID AND CARB 10-51 GMS PROT	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Administrative		0	1	1
Denied Non Participating Provider		0	1	1
B4193	PARNTRAL NUT SOL; AMINO ACID AND CARB 52-73 GMS PROT	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Administrative		0	1	1
Denied Non Participating Provider		0	1	1
B4197	PARNTRAL NUT SOL; AMINO ACID AND CARB 74-100 GM PROT	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Administrative		0	1	1
Denied Non Participating Provider		0	1	1
B4199	PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Administrative		0	1	1
Denied Non Participating Provider		0	1	1
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY	1	2	3
APPROVED		1	0	1

DENIED			0	2	2
Denied Administrative			0	1	1
Denied Non Participating Provider			0	1	1
B9998	NOC FOR ENTERAL SUPPLIES		18	3	21
APPROVED			18	0	18
DENIED			0	3	3
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
C1717	BRACHYTX NONSTRANDED HI DOSE IRIDIUM-192 PER SRC		2	0	2
APPROVED			2	0	2
C1781	MESH		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
C1813	PROSTHESIS PENILE INFLATABLE		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
C1982	CATHETER PRES GENERAT 1-WAY VALV INTERMIT OCCL		1	0	1
APPROVED			1	0	1
C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE		12	1	13
APPROVED			12	0	12
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH		1	0	1
APPROVED			1	0	1
C2626	INFUSION PUMP NON- PROGRAMMABLE TEMPORARY		0	1	1
DENIED			0	1	1

Denied Elective Service - Out of Area/Non-contract provider			0	1	1
C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL		2	0	2
APPROVED			2	0	2
C8908	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL		1	0	1
APPROVED			1	0	1
C9290	INJECTION BUPIVACAINE LIPOSOME 1 MG		0	1	1
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
E0143	WALKER FOLDING WHEELED ADJUSTABLE/FIXED HEIGHT		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
E0154	PLATFORM ATTACHMENT WALKER EACH		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0260	HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATRSS		28	3	31
APPROVED			28	0	28
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATRSS		3	0	3
APPROVED			3	0	3
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		3	1	4
APPROVED			3	0	3

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0431	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR AND MASK		3	4	7
APPROVED			3	0	3
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
E0445	OXIMETER DEVICE MSR BLD O2 LEVELS NON-INVASV		1	0	1
APPROVED			1	0	1
E0455	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS		1	0	1
APPROVED			1	0	1
E0465	HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF		3	0	3
APPROVED			3	0	3
E0466	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF		19	0	19
APPROVED			19	0	19
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU		5	0	5
APPROVED			5	0	5
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP		1	0	1
APPROVED			1	0	1
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	HF CW OS SYS FULL THOR REG RECV SIM EXT OS EA		8	1	9
APPROVED			8	0	8
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0562	HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE		1	0	1
APPROVED			1	0	1
E0638	STANDING FRAME/TABLE SYS ONE POSITION ANY SZ		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0651	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS		1	5	6
APPROVED			1	0	1
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS		7	10	17
APPROVED			7	0	7

DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	2	2
E0656	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
E0657	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST		2	6	8
APPROVED			2	0	2
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
E0667	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG		6	5	11
APPROVED			6	0	6
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	2	2
E0668	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM		1	6	7
APPROVED			1	0	1
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS		0	2	2

DENIED			0	2	2
Denied Non Participating Provider			0	2	2
E0730	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION		0	5	5
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	4	4
E0745	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT		1	6	7
APPROVED			1	0	1
DENIED			0	6	6
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	3	3
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC		0	6	6
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC		6	6	12
APPROVED			6	0	6
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV		2	4	6
APPROVED			2	0	2
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	2	2
Denied Non Participating Provider			0	1	1
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE		8	0	8
APPROVED			8	0	8
E0776	lv pole		1	0	1
APPROVED			1	0	1
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0791	PARNTRAL INFUS PUMP STATIONRY SINGLE/MULTICHANEL		1	0	1
APPROVED			1	0	1
E0955	WC ACSS HEADREST CUSHNED FIX MOUNT HARDWARE EA		1	0	1
APPROVED			1	0	1
E0956	WC ACSS LAT TRNK/HIP SUPP FIX MOUNT HARDWARE EA		1	0	1
APPROVED			1	0	1
E0971	MNL WHEELCHAIR ACCESSORY ANTI- TIPPING DEVC EACH		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0973	WC ACCSS ADJUSTBL HT DTACH ARMRST CMPL ASSMBL EA		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	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	1	0	1
APPROVED		1	0	1
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E1020	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	2	0	2
APPROVED		2	0	2
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN	25	1	26
APPROVED		25	0	25
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E1029	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	1	0	1
APPROVED		1	0	1
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	4	0	4
APPROVED		4	0	4
E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	1	0	1
APPROVED		1	0	1
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/O SEAT	1	0	1
APPROVED		1	0	1

E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W/SEATING SYSTEM	1	0	1
APPROVED		1	0	1
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W/SEATING SYSTEM	3	0	3
APPROVED		3	0	3
E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W/O SEATING SYSTEM	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	48	12	60
APPROVED		48	0	48
DENIED		0	12	12
Denied Additional Information Not Received		0	1	1
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
Denied Non Participating Provider		0	2	2
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	25	0	25
APPROVED		25	0	25
E1510	KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC	2	0	2
APPROVED		2	0	2
E1575	TRANSDUCER PROTECTORS/FL BARRIERS HEMODIAL SZ-10	1	0	1
APPROVED		1	0	1
E1610	RVRS OSMOSIS H2O PURIFICATION SYSTEM HEMODIAL	2	0	2

APPROVED			2	0	2
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/INTERFACE MATL		1	0	1
APPROVED			1	0	1
E1815	DYN ADJ ANKLE EXT/FLEX DEVC INCL SOFT INTF MATL		2	0	2
APPROVED			2	0	2
E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER		8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E2201	MNL WC ACSS NONSTD SEAT WIDTH GT or equal to 20 IN and		2	0	2
APPROVED			2	0	2
E2203	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 LT 22 IN		2	0	2
APPROVED			2	0	2
E2204	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN		1	0	1
APPROVED			1	0	1
E2213	MNL WC ACSS INSRT PNEUMAT PROPULSION TIRE ANY SZ		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E2300	WHEELCHAIR ACC PWR SEAT ELEVATION SYS ANY TYPE		3	0	3
APPROVED			3	0	3
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLER and TWO/MORE		6	1	7
APPROVED			6	0	6
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E2323	PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB		1	0	1
APPROVED			1	0	1
E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTERY EA		5	0	5
APPROVED			5	0	5
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY		1	0	1
APPROVED			1	0	1
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE		43	3	46
APPROVED			43	0	43
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

E2511	SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST	1	0	1
APPROVED		1	0	1
E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	2	0	2
APPROVED		2	0	2
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	2	0	2
APPROVED		2	0	2
E2605	PSTN WHEELCHAIR SEAT CUSHN WIDTH LT 22 IN DEPTH	1	0	1
APPROVED		1	0	1
E2607	SKN PROTECT and PSTN WC SEAT CUSHN WDNH LT 22 IN DEPTH	10	1	11
APPROVED		10	0	10
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
E2608	SKN PROTCT and PSTN WC SEAT CUSHN WDNH 22 IN/GT DPTH	1	0	1
APPROVED		1	0	1
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	2	0	2
APPROVED		2	0	2
E2611	GEN WC BACK CUSHN WDNH LT 22 IN HT MOUNT HARDWARE	8	3	11
APPROVED		8	0	8
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	1	1
E2613	PSTN WC BACK CUSHN POST WIDTH LT 22 IN ANY HEIGHT	5	0	5
APPROVED		5	0	5
E2615	PSTN WC BACK CUSHN POSTLAT WIDTH LT 22 IN ANY HT	2	0	2
APPROVED		2	0	2

E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	2	0	2
APPROVED		2	0	2
E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTN LT 22 IN	8	1	9
APPROVED		8	0	8
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTN 22 IN OR GT	1	0	1
APPROVED		1	0	1
E2622	SKIN PROTECT WC SEAT CUSH WIDTH LT 22 IN ANY DEPTH	4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Not a Covered Benefit		0	1	1
E2624	SKIN PROTECT and POSITIONING WC CUSH WIDTH LT 22 IN	3	0	3
APPROVED		3	0	3
G0121	COLOREC CANCR SCR; COLNSCPY NOT MEET HI RISK	1	0	1
APPROVED		1	0	1
G0151	SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN	101	25	126
APPROVED		101	0	101
DENIED		0	25	25
Denied Additional Information Not Received		0	1	1
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	20	20
Denied Non Participating Provider		0	3	3
G0152	SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN	52	18	70

APPROVED			52	0	52
DENIED			0	18	18
Denied Additional Information Not Received			0	1	1
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
G0153	SRVC SPCH and LANG PATH HOME HLTH/HOSPICE EA 15 MIN		14	2	16
APPROVED			14	0	14
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
G0155	SRVC CLINICAL SOCIAL WORKER HH/HOSPICE EA 15 MIN		5	0	5
APPROVED			5	0	5
G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN		12	4	16
APPROVED			12	0	12
DENIED			0	4	4
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
G0157	SERVICES PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN		14	6	20
APPROVED			14	0	14
DENIED			0	6	6
Denied Additional Information Not Received			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
G0158	SERVICE OT ASSIST HOME HEALTH/HOSPICE EA 15 MIN		7	2	9

APPROVED			7	0	7
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
G0159	SERVICES PT HOME HEALTH EST/DEL PT MP EA 15 MINS		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
G0160	SERVICES OT HOME HEALTH EST/DEL OT MP EA 15 MINS		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
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		2	0	2
APPROVED			2	0	2
G0166	EXTERNAL COUNTERPULSATION PER TREATMENT SESSION		2	0	2
APPROVED			2	0	2
G0237	MUSCLES FACE TO FACE ONE ON ONE EACH 15 MINUTES		4	0	4
APPROVED			4	0	4
G0238	TX PROC IMPRV RESP FUNCT NOT G0237 FCE-FCE 15MIN		4	0	4
APPROVED			4	0	4
G0239	TX PROC IMPRV RESP FUNCT/INCR RESP MUSC 2 OR GT IND		3	0	3

APPROVED			3	0	3
G0248	DEMO HOME INR MON PT W/MECH HT VALVE CAF/VTE		2	0	2
APPROVED			2	0	2
G0249	PRVS TEST MATL AND EQUIP HOME INR MON; ONCE A WEEK		5	0	5
APPROVED			5	0	5
G0269	PLCMT OCCL DEVC VENUS/ART POST SURG/INTRVNL PROC		1	0	1
APPROVED			1	0	1
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT		15	1	16
APPROVED			15	0	15
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNI/BIL		1	0	1
APPROVED			1	0	1
G0283	E-STIM 1 OR GT AREAS OTH THAN WND CARE PART TX PLAN		4	0	4
APPROVED			4	0	4
G0299	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN		191	70	261
APPROVED			191	0	191
DENIED			0	70	70
Denied Additional Information Not Received			0	2	2
Denied Benefit limits exceeded			0	8	8
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	55	55
Denied Non Participating Provider			0	4	4
G0300	DIRECT SNS LPN HOME HLTH/HOSPICE SET EA 15 MIN		79	28	107
APPROVED			79	0	79

DENIED			0	28	28
Denied Additional Information Not Received			0	1	1
Denied Benefit limits exceeded			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	23	23
Denied Non Participating Provider			0	2	2
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS		3	0	3
APPROVED			3	0	3
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS		3	0	3
APPROVED			3	0	3
G0410	GRP PSYCHOTX NOT MX FAM GP PART HSP/OP 45-50 MIN		1	0	1
APPROVED			1	0	1
G0422	INTENSIVE CARD REHAB; W/WO CONT ECG MON W/EXER		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
G0423	INTENSIVE CARD REHAB; W/WO CONT ECG MON W/O EXER		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
G0452	MOLECLR PATH PROCEDURE; PHYSICIAN INTEPR REPORT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
G0453	CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN		3	0	3
APPROVED			3	0	3

G0463	HOSPITAL OUTPATIENT CLIN VISIT ASSESS AND MGMT PT	3	0	3
APPROVED		3	0	3
G0480	DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL	7	3	10
APPROVED		7	0	7
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
G0481	DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL	7	2	9
APPROVED		7	0	7
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
G0482	DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR CL	6	3	9
APPROVED		6	0	6
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
G0483	DRUG TST DEFINITV DR ID METH P DAY 22/MORE DR CL	6	3	9
APPROVED		6	0	6
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
G0495	SKD SRVC RN TRAIN and /EDU PT/FAM HH/HOSPC EA 15 MIN	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
G0496	SKD SRVC LPN TRAIN and /EDU PT/FAM HH/HOSPC E 15 MIN	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
G2067	MEDICATION ASSISSTED TX METHADONE; WEEKLY BUNDLE	2	0	2

APPROVED			2	0	2
G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
G6013	RAD TX DEL 3 OR GT SEP TX AR CSTM BLOCKING;11-19 MEV		1	0	1
APPROVED			1	0	1
G6015	INTENSITY MODULATED TX DEL 1/MX FLDS PER TX SESS		47	3	50
APPROVED			47	0	47
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
G6017	INTRA-FRAC LOC and TRACKING TARGET/PT M EA FRAC TX		12	1	13
APPROVED			12	0	12
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		7	1	8
APPROVED			7	0	7
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		12	1	13
APPROVED			12	0	12
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
H0015	ALCOHL and /RX SRVC;INTENSV OP;CRISIS INTRVN and ACTV TX		4	0	4
APPROVED			4	0	4
H0017	BEHAVIORAL HEALTH; RES W/O ROOM and BOARD PER DIEM		5	0	5
APPROVED			5	0	5
H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM and BOARD-DIEM		18	2	20
APPROVED			18	0	18
DENIED			0	2	2
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
H0031	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
H0035	MENTAL HEALTH PARTIAL HOSP TX LT 24 HOURS		21	1	22
APPROVED			21	0	21
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS		24	1	25
APPROVED			24	0	24
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
H2035	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR		42	0	42
APPROVED			42	0	42
J0133	INJECTION ACYCLOVIR 5 MG		1	0	1

APPROVED			1	0	1
J0178	INJECTION AFLIBERCEPT 1 MG		2	0	2
APPROVED			2	0	2
J0280	INJECTION AMINOPHYLLINE UP TO 250 MG		1	0	1
APPROVED			1	0	1
J0360	INJECTION HYDRALAZINE HCL UP TO 20 MG		1	0	1
APPROVED			1	0	1
J0585	BOTULINUM TOXIN TYPE A PER UNIT		1	0	1
APPROVED			1	0	1
J0640	INJECTION LEUCOVORIN CALCIUM PER 50 MG		4	0	4
APPROVED			4	0	4
J0690	INJECTION CEFAZOLIN SODIUM 500 MG		1	0	1
APPROVED			1	0	1
J0696	INJECTION CEFTRIAXONE SODIUM PER 250 MG		1	0	1
APPROVED			1	0	1
J0744	INJECTION CIPROFLOXACIN INTRAVENOUS INFUS 200 MG		1	0	1
APPROVED			1	0	1
J0889	DAPRODUSTAT ORAL 1 MG FOR ESRD ON DIALYSIS		1	0	1
APPROVED			1	0	1
J0894	INJECTION DECITABINE 1 MG		1	0	1
APPROVED			1	0	1
J1100	INJECTION DEXAMETHOSONE SODIUM PHOSPHATE 1 MG		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
J1170	INJECTION HYDROMORPHONE UP TO 4 MG		1	0	1

APPROVED			1	0	1
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG		1	0	1
APPROVED			1	0	1
J1245	INJECTION DIPYRIDAMOLE PER 10 MG		1	0	1
APPROVED			1	0	1
J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC		8	0	8
APPROVED			8	0	8
J1642	INJECTION HEPARIN SODIUM PER 10 UNITS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	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
J1720	INJ HYDROCORTISONE SODIUM SUCCINATE TO 100 MG		4	0	4
APPROVED			4	0	4
J1756	INJECTION IRON SUCROSE 1 MG		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
J1815	INJECTION INSULIN PER 5 UNITS		1	0	1
APPROVED			1	0	1
J1885	INJECTION KETOROLAC TROMETHAMINE PER 15 MG		1	0	1
APPROVED			1	0	1
J2001	INJECTION LIDOCAINE HCL INTRAVENOUS INFUS 10 MG		1	0	1
APPROVED			1	0	1
J2060	INJECTION LORAZEPAM 2 MG		1	0	1

APPROVED			1	0	1
J2175	INJECTION MEPERIDINE HCL PER 100 MG		1	0	1
APPROVED			1	0	1
J2250	INJECTION MIDAZOLAM HCL PER 1 MG		1	0	1
APPROVED			1	0	1
J2350	INJECTION OCRELIZUMAB 1 MG		1	0	1
APPROVED			1	0	1
J2370	INJECTION PHENYLEPHRINE HCL UP TO 1 ML		1	0	1
APPROVED			1	0	1
J2405	INJECTION ONDANSETRON HCL PER 1 MG		3	0	3
APPROVED			3	0	3
J2506	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG		1	0	1
APPROVED			1	0	1
J2550	INJECTION PROMETHAZINE HCL UP TO 50 MG		1	0	1
APPROVED			1	0	1
J2562	INJECTION PLERIXAFOR 1 MG		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J2704	INJECTION PROPOFOL 10 MG		1	0	1
APPROVED			1	0	1
J2785	INJECTION REGADENOSON 0.1 MG		4	3	7
APPROVED			4	0	4
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
J2795	INJECTION ROPIVACAINE HYDROCHLORIDE 1 MG		0	1	1
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
J2796	INJECTION ROMIPLOSTIM 10 MCG		3	0	3
APPROVED			3	0	3
J3010	INJECTION FENTANYL CITRATE 0.1 MG		1	0	1
APPROVED			1	0	1
J3300	INJ TRIAMCINOLONE ACETONIDE PRES FREE 1 MG		0	1	1
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
J3301	INJECTION TRIAMCINOLONE ACETONIDE NOS 10 MG		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
J3490	UNCLASSIFIED DRUGS		12	0	12
APPROVED			12	0	12
J7040	INFUSION NORMAL SALINE SOLUTION STERILE		1	0	1
APPROVED			1	0	1
J7050	INFUSION NORMAL SALINE SOLUTION 250 CC		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J7060	5 PCT DEXTROSE/WATER		0	1	1
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
J7070	INFUSION D-5-W 1000 CC		1	0	1
APPROVED			1	0	1
J7187	INJ VONWILLEBRND FACTOR Cmplx HUMN RISTOCETIN IU		0	1	1
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1

J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	8	0	8
APPROVED		8	0	8
J7313	INJECTION FA INTRAVITREAL IMPL ILUVIEN 0.01 MG	2	0	2
APPROVED		2	0	2
J7323	HYALURONAN/DERIVATIVE EUFLEXXA IA INJ PER DOSE	1	0	1
APPROVED		1	0	1
J8501	APREPITANT ORAL 5 MG	1	0	1
APPROVED		1	0	1
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	2	0	2
APPROVED		2	0	2
J9000	INJECTION DOXORUBICIN HCL 10 MG	1	0	1
APPROVED		1	0	1
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	1	0	1
APPROVED		1	0	1
J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	4	0	4
APPROVED		4	0	4
J9065	INJECTION CLADRIBINE PER 1 MG	1	0	1
APPROVED		1	0	1
J9070	CYCLOPHOSPHAMIDE 100 MG	7	0	7
APPROVED		7	0	7
J9100	INJECTION CYTARABINE 100 MG	11	0	11
APPROVED		11	0	11
J9150	INJECTION DAUNORUBICIN 10 MG	1	0	1
APPROVED		1	0	1
J9181	INJECTION ETOPOSIDE 10 MG	10	0	10
APPROVED		10	0	10
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	1	0	1

APPROVED			1	0	1
J9208	INJECTION IFOSFAMIDE 1 G		6	0	6
APPROVED			6	0	6
J9209	INJECTION MESNA 200 MG		11	0	11
APPROVED			11	0	11
J9250	METHOTREXATE SODIUM 5 MG		4	0	4
APPROVED			4	0	4
J9260	METHOTREXATE SODIUM 50 MG		6	0	6
APPROVED			6	0	6
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL		5	0	5
APPROVED			5	0	5
J9370	VINCRIStINE SULFATE 1 MG		7	0	7
APPROVED			7	0	7
K0005	Ultralightweight wheelchair		3	0	3
APPROVED			3	0	3
K0038	Leg strap each		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
K0108	OTHER ACCESSORIES		48	5	53
APPROVED			48	0	48
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
K0195	ELEVATING LEGREST PAIR		1	0	1
APPROVED			1	0	1
K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE		6	0	6
APPROVED			6	0	6

K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO and Equal to 300	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
L0627	LUMB ORTHOSIS SAGIT CNTRL RIGID A AND P PANEL PREFAB	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	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
L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	20	2	22
APPROVED		20	0	20
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Not a Covered Benefit		0	1	1
L0999	ADD TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS	1	0	1
APPROVED		1	0	1
L1210	ADDITION TO TLSO LATERAL THORACIC EXTENSION	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1

L1220	ADDITION TO TLSO ANTERIOR THORACIC EXTENSION	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
L1240	ADDITION TO TLSO LUMBAR DEROTATION PAD	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
L1250	ADDITION TO TLSO LOW PROFILE ANTERIOR ASIS PAD	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
L1260	ADDITION TLSO ANTERIOR THORACIC DEROTATION PAD	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
L1270	ADDITION TO TLSO LOW PROFILE ABDOMINAL PAD	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
L1290	ADDITION TO TLSO LOW LATERAL TROCHANTERIC PAD	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
L1300	OTH SCOLIOSIS PROC BODY JACKET MOLDED PT MODEL	0	1	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
L1499	SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED	1	1	2
APPROVED		1	0	1
DENIED		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM		1	0	1
APPROVED			1	0	1
L1907	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM		1	0	1
APPROVED			1	0	1
L1940	ANK FT ORTHOSIS PLASTIC/OTH MATERIAL CUSTOM FAB		1	0	1
APPROVED			1	0	1
L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM		2	0	2
APPROVED			2	0	2
L1950	ANKLE FOOT ORTHOSIS SPIRAL PLASTIC CUSTOM-FAB		1	0	1
APPROVED			1	0	1
L1960	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB		9	0	9
APPROVED			9	0	9
L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB		1	0	1
APPROVED			1	0	1
L2210	ADDITION LOWER EXTREM DORSIFLEX ASSIST EA JOINT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
L2820	ADD LW EXT ORTH SFT INTERFACE MOLD BELW KNEE		2	1	3

APPROVED			2	0	2
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED		1	0	1
APPROVED			1	0	1
L3060	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL/MT EA		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
L3761	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS		2	0	2
APPROVED			2	0	2
L3809	WRIST HAND FINGER W/O JOINT PREFAB ANY TYPE		1	0	1
APPROVED			1	0	1
L3924	HAND-FINGER ORTHOSIS WITHOUT JOINTS PREFAB		1	0	1
APPROVED			1	0	1
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM		2	0	2
APPROVED			2	0	2
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE		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
L5624	ADDITION LOWER EXTREMITY TEST SOCKET ABOVE KNEE		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
L5631	ADD LOW EXT ABVE KNEE/KNEE DISARTIC ACRYLC SOCKT		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
L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET		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
L5650	ADD LOW EXT TOTAL CONTACT ABVE KNEE/KNEE DISARTIC		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
L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME		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
L5652	ADD LOW EXTREM SUCTN SUSP ABV KNEE/KNEE DISARTIC		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

L5679	ADD LW EXT BK/AK CSTM MOLD/PRFAB NOT W/LOCK MECH	1	0	1
APPROVED		1	0	1
L5692	ADD LOW EXTREM ABVE KNEE PELV CONTROL BELT LIGHT	1	0	1
APPROVED		1	0	1
L5812	ADD ENDOSKEL KNEE-SHIN FRICT SWING AND STANCE CNTRL	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
L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL	1	0	1
APPROVED		1	0	1
L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	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
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	1	0	1
APPROVED		1	0	1
L5850	ADD ENDOSKEL SYS AK/HIP DISARTIC KNEE EXT ASST	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
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	2	0	2
APPROVED		2	0	2
L5920	ADD ENDOSKEL SYS AK/HIP DISARTIC ALIGNABLE SYSTM	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
L5950	ADD ENDOSKEL SYSTEM ABOVE KNEE AK ULTRA-LGHT MATL		1	0	1
APPROVED			1	0	1
L5974	ALL LOWER EXTREM PROSTH FT SINGLE AXIS ANK/FOOT		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
L5986	ALL LOW EXTREM PROSTH MULTI- AXIAL ROTATION UNIT		1	0	1
APPROVED			1	0	1
L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN		1	0	1
APPROVED			1	0	1
L7700	GASKET/SEAL USE PROS SOCKET INSERT ANY TYPE EA		1	0	1
APPROVED			1	0	1
L8035	CSTM BREAST PROSTH POST MASTECT MOLDED PT MODEL		1	0	1
APPROVED			1	0	1
L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED		1	0	1
APPROVED			1	0	1
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH		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
L8430	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE AK EACH		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
L8460	PROSTHETIC SHRINKER ABOVE KNEE AK EACH		1	0	1
APPROVED			1	0	1
L8480	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EA		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
L8500	ARTIFICIAL LARYNX ANY TYPE		4	0	4
APPROVED			4	0	4
L8509	TRACHEO-ESOPH VOICE PROSTH INSRT LIC HEALTH PROV		2	0	2
APPROVED			2	0	2
L8511	INSRT INDWLL TRACHEOESOPH PROS W/VO VALV REPLCMT		3	0	3
APPROVED			3	0	3
L8513	CLEANING DEVC USED W/TRACHEOESOPH VOICE PROS PIP		2	0	2
APPROVED			2	0	2
L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS		1	0	1
APPROVED			1	0	1
L8615	HEADSET/HEADPIECE COCHLEAR IMPLANT DEVICE REPL		1	0	1
APPROVED			1	0	1
L8616	MICROPHONE COCHLEAR IMPLANT DEVICE REPLACEMENT		1	0	1
APPROVED			1	0	1
L8619	COCHLEAR IMPL EXT SPEECH PROCESSR/CONTROLLR REPL		1	0	1
APPROVED			1	0	1
L8624	LIB CI/AUD OSSEOINTEG DEVC SP EAR LEVEL REPL EA		1	0	1

APPROVED			1	0	1
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED		2	0	2
APPROVED			2	0	2
Q0085	CHEMOTHAPY ADMN BOTH INFUS TECH AND OTH TECHIQUE-VST		1	0	1
APPROVED			1	0	1
Q0091	SCREEN PAP SMEAR; OBTAIN PREP AND C ONVEY TO LAB		1	0	1
APPROVED			1	0	1
Q0164	PROCHLORPERAZINE MALEATE 5 MG ORL NOT GT 48 HR DOSE		1	0	1
APPROVED			1	0	1
Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD		1	0	1
APPROVED			1	0	1
Q0509	MISC SPL/ACSS IMPL VAD NO PAYMENT MEDICARE PRT A		5	0	5
APPROVED			5	0	5
Q2053	BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C		1	0	1
APPROVED			1	0	1
Q3001	ADJUNCTIVE PROCEDURE		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Q4081	INJ EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS		3	0	3
APPROVED			3	0	3
Q4133	GRAFIX PRM GRAFIXPL PRM STRAVIX AND STRAVIXPL P SC		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

Q4186	EPIFIX PER SQ CM	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Benefit limits exceeded		0	1	1
Q4217	WNDFIX BLOWND WNDFIX Plus BLOWND Plus WNDFIX X Plus /X Plu	1	0	1
APPROVED		1	0	1
Q5001	HOSPICE/HOME HEALTH CARE PROV PT HOME/RESIDENCE	0	2	2
DENIED		0	2	2
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied for No Pre-authorization		0	1	1
Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	1	0	1
APPROVED		1	0	1
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	1	0	1
APPROVED		1	0	1
Q9966	LOCM 200-299 MG/ML IODINE CONCENTRATION PER ML	2	0	2
APPROVED		2	0	2
Q9967	LOCM 300-399 MG/ML IODINE CONCENTRATION PER ML	1	0	1
APPROVED		1	0	1
S0028	INJECTION FAMOTIDINE 20 MG	1	0	1
APPROVED		1	0	1
S0164	INJECTION PANTOPRAZOLE SODIUM 40 MG	1	0	1
APPROVED		1	0	1

S0201	PARTIAL HOSPITALIZATION SERVICES LT 24 HR PER DIEM	10	0	10
APPROVED		10	0	10
S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	3	10	13
APPROVED		3	0	3
DENIED		0	10	10
Denied Elective Service - Out of Area/Non-contract provider		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	2	2
Denied Not a Covered Benefit		0	3	3
S1091	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
S2068	BREAST RECON DIEP/SIEA FLAP and CLOS DONR SITE UNI	9	0	9
APPROVED		9	0	9
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI	7	2	9
APPROVED		7	0	7
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
S2900	SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS	10	3	13
APPROVED		10	0	10
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	1	1	2
APPROVED		1	0	1

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
S5517	HIT ALL SPL NECES RESTOR CATH PATENCY/DECLOT		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Non Participating Provider			0	1	1
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR		1	0	1
APPROVED			1	0	1
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
S9126	HOSPICE CARE IN THE HOME PER DIEM		1	0	1
APPROVED			1	0	1
S9127	SOCIAL WORK VISIT IN THE HOME PER DIEM		2	0	2
APPROVED			2	0	2
S9128	SPEECH THERAPY IN THE HOME PER DIEM		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2

S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
S9152	SPEECH THERAPY RE-EVALUATION	2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Denied Additional Therapies		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
S9335	HOM TX HD; ADMIN PROF PHRM SRVC SPL AND EQP PER DIEM	2	0	2
APPROVED		2	0	2
S9445	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	2	0	2
APPROVED		2	0	2
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	4	0	4
APPROVED		4	0	4
S9500	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q24 HRS DIEM	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
S9501	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q12 HRS DIEM	0	1	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
S9988	SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
T1007	ALCOHOL and /SUBSTNC ABS SRVC TX PLAN DVLP and /MOD		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
T2042	HOSPICE ROUTINE HOME CARE; PER DIEM		2	0	2
APPROVED			2	0	2
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM		5	0	5
APPROVED			5	0	5
Prior Authorization Grand Totals			23790	8218	32008