PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J3490	UNCLASSIFIED DRUGS	1,243	0	897	2,140	0.79105786
HCPCS	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	443	0	221	664	0.72167845
HCPCS	J3590	UNCLASSIFIED BIOLOGICS	241	1	54	296	0.88384011
HCPCS	J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	113	0	21	134	0.72624208
HCPCS	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	97	1	12	110	0.5220563
CPT	81420	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TRISOMY 21, MONOSOMY X) GENOMIC SEQUENCE ANALYSIS PANEL, CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD, MUST INCLUDE ANALYSIS OF CHROMOSOMES 13, 18, AND 21	83	18	0	101	0.41230224
CPT	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	70	0	2	72	0.3318865
CPT	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT	50	3	1	54	0.38090242
CPT	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	4	1	48	53	0.54942494
CPT	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	39	1	12	52	0.40215655
CPT	0340U	ONCOLOGY (PAN-CANCER), ANALYSIS OF MINIMAL RESIDUAL DISEASE (MRD) FROM PLASMA, WITH ASSAYS PERSONALIZED TO EACH PATIENT BASED ON PRIOR NEXT-GENERATION SEQUENCING OF THE PATIENTS TUMOR AND GERMLINE DNA, REPORTED AS ABSENCE OR PRESENCE OF MRD, WITH DISEASE-BURDEN CORRELATION, IF APPROPRIATE	0	0	49	49	0.63371925
HCPCS	A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	22	0	24	46	0.96024527
CPT	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	45	0	0	45	0.15181991
HCPCS	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	43	0	0	43	0.44618863
CPT	93356	MYOCARDIAL STRAIN IMAGING USING SPECKLE TRACKING-DERIVED ASSESSMENT OF MYOCARDIAL MECHANINCS (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY IMAGING)	1	3	37	41	0.52878713
HCPCS	J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	13	0	27	40	0.94108365
CPT	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	33	0	3	36	0.32786719
HCPCS	J0897	INJECTION, DENOSUMAB, 1 MG	26	0	9	35	0.64174896
CPT	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	31	2	1	34	0.39708018
CPT	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	33	0	0	33	0.59857629

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	27	0	3	30	0.91416097
HCPCS	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	27	0	2	29	0.74018359
CPT	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY; FIRST VEIN TREATED	26	0	1	27	0.36556158
CPT	0449U	CARRIER SCREENING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, SPINAL MUSCULAR ATROPHY, BETA HEMOGLOBINOPATHIES [INCLUDING SICKLE CELL DISEASE], ALPHA THALASSEMIA), REGARDLESS OF RACE OR SELF-IDENTIFIED ANCESTRY, GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF 5 GENES (CFTR, SMN1, HBB, HBA1, HBA2)	8	17	1	26	0.59249323
HCPCS	J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	25	0	1	26	0.79430212
HCPCS	A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	25	0	0	25	0.50615044
CPT	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELINES)	16	4	3	23	0.67702485
CPT	81329	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; DOSAGE/DELETION ANALYSIS (EG, CARRIER TESTING), INCLUDES SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) ANALYSIS, IF PERFORMED	16	4	3	23	0.67702485
CPT	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	6	1	16	23	0.96835876
CPT	36471	INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG	18	0	2	20	0.5727315
CPT	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	20	0	0	20	0.10708017
HCPCS	Q5142	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	19	0	0	19	0.6244615
CPT	52000	CYSTOURETHROSCOPY; SEPARATE PROCEDURE	18	0	0	18	0.12708644
CPT	81432	HEREDIATRY BREAST CANCER-RELATED DISORDERS (EG, HEREDIATRY BREAST CANCER,HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); GENOMICSEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES,ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11,AND TP53HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER,HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARYPANCREATIC CANCER, HEREDITARY PROSTATE CANCER), GENOMIC SEQUENCE ANALYSISPANEL, 5 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPYNUMBER VARIANTS; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCINGOF AT LEAST 10 GENES, ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2,MSH6, PALB2, PTEN, STK11, AND TP53	1	0	17	18	0.87306919
CPT	88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE	15	3	0	18	0.72693438

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CPT	91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMAGING, WITH INTERPRETATION AND REPORT	13	0	5	18	0.30204887
CPT	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI JEWISH-ASSOCIATED DISORDERS [EG, BLOOM SYNDROME, CANAVAN DISEASE, FANCONI ANEMIA TYPE C, MUCOLIPIDOSIS TYPE VI, GAUCHER DISEASE, TAY-SACHS DISEASE], BETA HEMOGLOBINOPATHIES, PHENYLKETONURIA, GALACTOSEMIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES (EG, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	0	0	17	17	0.45036009
CPT	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	15	2	0	17	1.37311064
CPT	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY	15	0	1	16	0.41384838
CPT	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES.	16	0	0	16	1.28866265
CPT	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	15	0	0	15	0.51873397
CPT	96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	13	0	2	15	0.61938898
CPT	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	15	0	0	15	1.19594137
HCPCS	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	14	1	0	15	0.85092901
HCPCS	J2357	INJECTION, OMALIZUMAB, 5 MG	13	0	2	15	0.72055366
HCPCS	J9045	INJECTION, CARBOPLATIN, 50 MG	14	1	0	15	0.43067444
CPT	0114U	GASTROENTEROLOGY (BARRETT'S ESOPHAGUS), VIM AND CCNA1 METHYLATION ANALYSIS, ESOPHAGEAL CELLS, ALGORITHM REPORTED AS LIKELIHOOD FOR BARRETT'S ESOPHAGUS	0	0	14	14	1.98428102
CPT	19303	MASTECTOMY, SIMPLE, COMPLETE	14	0	0	14	0.25261898
CPT	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	14	0	0	14	0.78288697
CPT	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	14	0	0	14	0.55691419
CPT	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	14	0	0	14	0.16153748
CPT	64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)	13	0	1	14	0.54114889
CPT	95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	12	0	2	14	0.12646081

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CPT	97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	14	0	0	14	1.20450233
HCPCS	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45MILLICURIES	13	0	1	14	0.33117312
HCPCS	J1308	INJECTION, FAMOTIDINE, 0.25 MG	13	1	0	14	0.89553406
HCPCS	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	13	0	1	14	0.82877646
HCPCS	J1815	INJECTION, INSULIN, PER 5 UNITS	6	0	8	14	0.70934689
HCPCS	Q5141	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	13	0	1	14	0.70499945
CPT	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	12	0	1	13	0.59666754
CPT	31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	11	0	2	13	0.52091079
CPT	81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT	10	0	3	13	0.49431919
HCPCS	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STERIOD AND/OR OTHER THERAPEUTIC AGENT AND ARTHROGRAPHY	13	0	0	13	0.19937055
HCPCS	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	9	0	4	13	0.39153134
HCPCS	J2350	INJECTION, OCRELIZUMAB, 1 MG	13	0	0	13	0.39938518
HCPCS	J3380	INJECTION, VEDOLIZUMAB, INTRAVENOUS, 1 MG	11	0	2	13	1.07099895
HCPCS	J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	12	0	1	13	0.15821214
HCPCS	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	5	0	8	13	0.28821225
HCPCS	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	13	0	0	13	0.32333096
CPT	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10	0	2	12	0.40361883
CPT	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10	0	2	12	0.39138407
CPT	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	4	0	8	12	0.80875864
CPT	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	5	0	7	12	1.10218984
CPT	85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	11	1	0	12	0.79150463

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CPT	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	11	0	1	12	0.76152773
CPT	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	11	0	1	12	0.76152773
HCPCS	J0169	INJECTION, EPINEPHRINE (ADRENALIN), NOT THERAPEUTICALLY EQUIVALENT TOJ0165, 0.1 MG	12	0	0	12	0.96319059
HCPCS	J0517	INJECTION, BENRALIZUMAB, 1 MG	11	0	1	12	0.97875022
HCPCS	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	12	0	0	12	0.96319059
HCPCS	J2329	INJECTION, UBLITUXIMAB-XIIY, 1MG	11	0	1	12	0.44750976
HCPCS	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	8	0	4	12	0.70800043
HCPCS	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	12	0	0	12	1.01076871
HCPCS	Q5111	INJECTION, PEGFILGRASTIM-CBQV (UDENYCA), BIOSIMILAR, 0.5 MG	11	1	0	12	0.72890354
HCPCS	S0117	TRETINOIN, TOPICAL, 5 GRAMS	8	0	4	12	0.57764232
CPT	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	9	0	2	11	0.64161827
CPT	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	11	0	0	11	0.34349327
CPT	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	10	1	0	11	0.49557765
CPT	80053	COMPREHENSIVE METABOLIC PANELTHIS PANEL MUST INCLUDE THE FOLLOWING:ALBUMIN (82040) BILIRUBIN, TOTAL (82247) CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374)CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) PHOSPHATASE, ALKALINE (84075) POTASSIUM (84132) PROTEIN, TOTAL (84155) SODIUM (84295) TRANSFERASE, ALANINE AMINO (ALT) (SGPT) (84460) TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) (84450) UREA NITROGEN (BUN) (84520)	11	0	0	11	0.67257155
CPT	81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G GREATER THAN A VARIANT	0	6	5	11	1.91353067
CPT	81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	0	6	5	11	1.74222236
CPT	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	4	1	6	11	0.93486225
CPT	81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF GREATER THAN 50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS)	3	0	8	11	0.79235815
CPT	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	9	0	2	11	0.76214627
CPT	97112	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	11	0	0	11	1.35759858
HCPCS	J1628	INJECTION, GUSELKUMAB, 1 MG	9	0	2	11	1.24090809

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HCPCS	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	11	0	0	11	1.02570391
HCPCS	J2469	INJECTION, PALONOSETRON HCL, 25 MCG	11	0	0	11	0.651237
HCPCS	J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	11	0	0	11	1.02570391
HCPCS	J7040	INFUSION, NORMAL SALINE SOLUTION , 500 CC	11	0	0	11	1.02570391
HCPCS	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	11	0	0	11	1.02570391
HCPCS	J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	11	0	0	11	0.97914983
HCPCS	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	9	1	1	11	0.54380892
HCPCS	Q5135	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	10	0	1	11	0.88534617
CPT	00170	ANESTHESIA FOR INTRORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	10	0	0	10	0.50436752
CPT	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (E.G., RIBS SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	9	0	1	10	0.44990741
CPT	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10	0	0	10	0.36644907
CPT	63052	LAMINECTOMY, FACETECTOMY, OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S] [EG, SPINAL OR LATERAL RECESS STENOSIS]), DURING POSTERIOR INTERBODY ARTHRODESIS, LUMBAR; SINGLE VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10	0	0	10	0.50045305
HCPCS	E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	9	0	1	10	0.28111304
HCPCS	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	9	1	0	10	0.77752505
HCPCS	J2941	INJECTION, SOMATROPIN, 1MG	7	0	3	10	0.75281829
HCPCS	J9312	INJECTION, RITUXIMAB, 10 MG	7	0	3	10	1.35372454
CPT	19318	BREAST REDUCTION	8	0	1	9	0.23208205
CPT	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	9	0	0	9	0.33901532
CPT	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	9	0	0	9	0.34073986
CPT	81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	9	0	0	9	0.44993306
CPT	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	3	0	6	9	0.82252053
CPT	82728	FERRITIN	9	0	0	9	0.5186214
CPT	83540	IRON	9	0	0	9	0.5186214
CPT	83550	IRON BINDING CAPACITY	9	0	0	9	0.5186214

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CPT	91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH INTERPRETATION AND REPORT	5	0	4	9	0.29475277
CPT	95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	9	0	0	9	0.08746142
CPT	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	8	0	1	9	1.1835088
CPT	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/ OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	8	0	0	8	0.09807002
CPT	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	6	0	2	8	0.55824942
CPT	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	8	0	0	8	0.49934751
CPT	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CRYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; FIRST VEIN TREATED	8	0	0	8	0.09210694
CPT	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	8	0	0	8	0.3566739
CPT	81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)	7	0	1	8	0.64985148
CPT	81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (EG, EXONS 12 AND 13)	7	0	1	8	0.44813902
CPT	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	3	0	5	8	0.91129624
HCPCS	J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	7	0	1	8	0.49320747
HCPCS	J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	7	0	1	8	0.86268624
HCPCS	J9267	INJECTION, PACLITAXEL, 1 MG	7	1	0	8	0.35735387
HCPCS	L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	8	0	0	8	0.16893229
HCPCS	Q5136	INJECTION, DENOSUMAB-BBDZ (JUBBONTI WYOST), BIOSIMILAR, 1 MG	8	0	0	8	0.4425
CPT	29999	UNLISTED PROCEDURE, ARTHROSCOPY	7	0	0	7	0.37770906
CPT	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7	0	0	7	0.0971023

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CPT	37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; VENOUS, OTHER THAN HEMORRHAGE (EG, CONGENITAL OR ACQUIRED VENOUS MALFORMATIONS, VENOUS AND CAPILLARY HEMANGIOMAS, VARICES, VARICOCELES)	4	0	3	7	0.15784725
CPT	63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE GENERATOR OR RECEIVER	7	0	0	7	0.55576008
CPT	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	7	0	0	7	0.16914703
CPT	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	5	0	2	7	0.30091107
CPT	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	1	0	6	7	0.23051091
CPT	78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT), SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS) OR ACQUISITION, SINGLE DAY IMAGING	4	0	3	7	0.60635251
CPT	81219	CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9	5	0	2	7	0.45869136
CPT	81229	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS, COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY ANALYSIS	7	0	0	7	0.94984098
CPT	81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE	3	0	4	7	1.54038687
CPT	81519	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	6	0	1	7	1.09931726
CPT	81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE	0	0	7	7	1.01173912
CPT	82607	CYANOCOBALAMIN (VITAMIN B-12);	7	0	0	7	0.72682044
CPT	82746	FOLIC ACID; SERUM	7	0	0	7	0.72682044
CPT	83090	HOMOCYSTINE HOMOCYSTEINE	1	4	2	7	1.93170139
CPT	85610	PROTHROMBIN TIME;	1	5	1	7	2.0119213
CPT	86146	BETA 2 GLYCOPROTEIN 1 ANTIBODY, EACH	0	6	1	7	2.0100463

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CPT	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	0	6	1	7	2.0100463
CPT	88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; EACH ADDITIONAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST MARKER)	7	0	0	7	0.51120826
CPT	88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY, NOT REQUIRING MICROSCOPIC EVALUATION OF SURGICAL MARGINS BREAST, REDUCTION MAMMOPLASTY BRONCHUS, BIOPSY CELL BLOCK, ANY SOURCE CERVIX, BIOPSY COLON, BIOPSY DUODENUM, BIOPSY ENDOCERVIX, CURETTINGS/BIOPSY ENDOMETRIUM, CURETTINGS/BIOPSY ESOPHAGUS, BIOPSY EXTREMITY, AMPUTATION, TRAUMATIC FALLOPIAN TUBE, BIOPSY FALLOPIAN TUBE, ECTOPIC PREGNANCY FEMORAL HEAD, FRACTURE FINGERS/TOES, AMPUTATION, NON-TRAUMATIC GINGIVA/ORAL MUCOSA, BIOPSY HEART VALVE JOINT, RESECTION KIDNEY, BIOPSY LARYNX, BIOPSY LEIOMYOMA(S), UTERINE MYOMECTOMY - WITHOUT UTERUS LIP, BIOPSY/WEDGE RESECTION LUNG, TRANSBRONCHIAL BIOPSY LYMPH NODE, BIOPSY MUSCLE, BIOPSY NASAL MUCOSA, BIOPSY NASOPHARYNX/OROPHARYNX, BIOPSY NERVE, BIOPSY ODONTOGENIC/DENTAL CYST OMENTUM, BIOPSY OVARY WITH OR WITHOUT TUBE, NON-NEOPLASTIC OVARY, BIOPSY/WEDGE RESECTION PARATHYROID GLAND PERITONEUM, BIOPSY PITUITARY TUMOR PLACENTA, OTHER THAN THIRD TRIMESTER PLEURA/PERICARDIUM - BIOPSY/TISSUE POLYP, CERVICAL/ ENDOMETRIAL POLYP, COLORECTAL POLYP, STOMACH/SMALL INTESTINE PROSTATE, NEEDLE BIOPSY PROSTATE, TUR SALIVARY GLAND, BIOPSY SINUS, PARANASAL BIOPSY SKIN, OTHER THAN CYST/TAG/DEBRIDEMENT/PLASTIC REPAIR SMALL INTESTINE, BIOPSY SOFT TISSUE, OTHER THAN TUMOR/MASS/LIPOMA/DEBRIDEMENT SPLEEN STOMACH, BIOPSY SYNOVIUM TESTIS, OTHER THAN TUMOR/BIOPSY/ CASTRATION THYROGLOSSAL DUCT/BRACHIAL CLEFT CYST TONGUE, BIOPSY TONSIL, BIOPSY TRACHEA, BIOPSY URETER, BIOPSY URETHRA, BIOPSY URINARY BLADDER, BIOPSY UTERUS, WITH OR WITHOUT TUBES AND OVARIES, FOR PROLAPSE VAGINA, BIOPSY VULVA/LABIA, BIOPSY	5	1	1	7	0.49036583
CPT	88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/ NEU, ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR), QUANTITATIVE OR SEMIQUANTITATIVE, PER SPECIMEN, EACH SINGLE ANTIBODY STAIN PROCEDURE; MANUAL	4	3	0	7	1.60661094
CPT	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	7	0	0	7	0.2488731
CPT	95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	7	0	0	7	0.07572751
CPT	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILE IN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	1	2	7	0.46100545
HCPCS	A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	2	0	5	7	0.37633976
HCPCS	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG	6	0	1	7	1.03530629

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HCPCS	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG	6	0	1	7	1.09883598
HCPCS	J2356	INJECTION, TEZEPELUMAB-EKKO, 1 MG	7	0	0	7	0.5898862
HCPCS	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7	0	0	7	0.19780423
HCPCS	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	5	0	2	7	0.62918693
HCPCS	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	7	0	0	7	0.66898323
HCPCS	J9190	FLUOROURACIL, 500 MG	6	0	1	7	0.53182209
HCPCS	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	7	0	0	7	0.77229497
HCPCS	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	7	0	0	7	0.74851687
HCPCS	Q5101	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM	6	0	1	7	0.64997189
HCPCS	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	6	0	1	7	0.20666168
HCPCS	S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	3	0	4	7	1.24527612
CPT	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	6	0	0	6	0.36653742
CPT	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	5	1	0	6	0.46549769
CPT	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED, IMAGE-GUIDED NAVIGATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE(S))	6	0	0	6	0.31236497
CPT	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	6	0	0	6	0.33720354
CPT	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	5	0	1	6	0.37539811
CPT	82668	ERYTHROPOIETIN	6	0	0	6	0.37861883
CPT	83921	ORGANIC ACID, SINGLE, QUANTITATIVE	6	0	0	6	0.74745563
CPT	85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C ANTIGEN	0	5	1	6	2.34087384
CPT	85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	0	5	1	6	2.34087384
CPT	85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	0	5	1	6	2.34087384
CPT	85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	0	5	1	6	2.34087384
CPT	85520	HEPARIN ASSAY	0	5	1	6	2.34087384

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CPT	85525	HEPARIN NEUTRALIZATION	0	5	1	6	2.34087384
CPT	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	0	5	1	6	2.34087384
CPT	85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	0	5	1	6	2.34087384
CPT	85670	THROMBIN TIME; PLASMA	0	5	1	6	2.34087384
CPT	85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	0	5	1	6	2.34087384
CPT	95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL	3	1	2	6	0.51853028
CPT	95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN LOWER LIMBS	3	1	2	6	0.51853028
CPT	95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN THE TRUNK OR HEAD	3	1	2	6	0.51853028
CPT	95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER LIMBS	3	1	2	6	0.51853028
CPT	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	3	1	2	6	0.51853028
CPT	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	3	1	2	6	0.51853028
CPT	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED LOOP PARAMETERS, AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH COMPLEX SPINAL CORD OR PERIPHERAL NERVE (EG, SACRAL NERVE) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	5	1	0	6	0.36577932
HCPCS	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE (FOR FACILITY CLAIMS ONLY)	6	0	0	6	0.70022762
HCPCS	C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	6	0	0	6	0.54242933
HCPCS	E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	6	0	0	6	0.26858991
HCPCS	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	4	0	2	6	0.51965856
HCPCS	E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	2	0	4	6	0.72002122
HCPCS	J1756	INJECTION, IRON SUCROSE, 1 MG	6	0	0	6	1.09322151
HCPCS	J2182	INJECTION, MEPOLIZUMAB, 1 MG	6	0	0	6	0.53066744
HCPCS	J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	4	2	0	6	0.49116829
HCPCS	J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	6	0	0	6	0.43792438

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HCPCS	J3247	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG	3	0	3	6	0.70202932
HCPCS	J3357	INJECTION, USTEKINUMAB, 1 MG	1	0	5	6	0.53730173
HCPCS	J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE	5	0	1	6	1.30099349
HCPCS	J9000	DOXORUBICIN HCL, 10 MG	5	1	0	6	0.34640239
HCPCS	J9208	INJECTION, IFOSFAMIDE, 1 GM	6	0	0	6	0.34258681
HCPCS	J9263	INJECTION, OXALIPLATIN, 0.5 MG	6	0	0	6	0.25508681
HCPCS	Q5100	INJECTION, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG	6	0	0	6	0.82148576
CPT	19316	MASTOPEXY	4	0	1	5	0.29024537
CPT	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	0	0	5	0.29450021
CPT	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	5	0	0	5	0.26885648
CPT	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	0	0	5	0.21293519
CPT	64568	OPEN IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	5	0	0	5	0.6262338
CPT	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL	5	0	0	5	0.38469444
CPT	81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	5	0	0	5	0.65111755
CPT	81257	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS, COMMON DELETIONS OR VARIANT (EG, SOUTHEAST ASIAN, THAI, FILIPINO, MEDITERRANEAN, ALPHA3.7, ALPHA4.2, ALPHA20.5, AND CONSTANT SPRING)	0	4	1	5	0.46342714
CPT	81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)	0	4	1	5	0.46342714
CPT	85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	5	0	0	5	0.53275694
CPT	88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	5	0	0	5	0.47554861
CPT	90999	UNLISTED DIALYSIS PROCEDURE, IN HOSPITALIZED OR OUT PATIENT	5	0	0	5	0.1741941
CPT	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY	1	4	0	5	0.91521991
CPT	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	3	0	2	5	0.24230556

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CPT	95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN 1EXTREMITY OR NON-LIMB (AXIAL) MUSCLES (UNILATERAL OR BILATERAL), OTHER THAN THORACIC PARASPINAL, CRANIAL NERVE SUPPLIED MUSCLES, OR SPHINCTERS	2	1	2	5	0.39738217
CPT	96375	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/ DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	0	0	5	0.52341898
HCPCS	A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	2	1	2	5	0.39738217
HCPCS	A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	5	0	0	5	0.0898287
HCPCS	C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR (FOR FACILITY CLAIMS ONLY)	5	0	0	5	0.6262338
HCPCS	E0218	FLUID CIRCULATING COLD PAD WITH PUMP, ANY TYPE	0	1	4	5	0.89082178
HCPCS	J0139	INJECTION, ADALIMUMAB, 1 MG	1	0	4	5	0.6835625
HCPCS	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	5	0	0	5	0.36184722
HCPCS	J1930	INJECTION, LANREOTIDE, 1 MG	5	0	0	5	0.33959638
HCPCS	J3262	INJECTION, TOCILIZUMAB, 1 MG	2	0	3	5	0.823125
HCPCS	J8522	CAPECITABINE, ORAL, 50 MG	5	0	0	5	0.67630215
HCPCS	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	5	0	0	5	0.20207176
HCPCS	J9206	INJECTION, IRINOTECAN, 20 MG	4	0	1	5	0.68821065
HCPCS	J9209	MESNA, 200 MG	5	0	0	5	0.35904167
HCPCS	J9370	VINCRISTINE SULFATE, 1 MG	5	0	0	5	0.41780093
HCPCS	L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	5	0	0	5	0.6262338
HCPCS	Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	5	0	0	5	0.39216944
HCPCS	Q5108	INJECTION, PEGFILGRASTIM-JMDB (FULPHILA), BIOSIMILAR, 0.5 MG	4	1	0	5	1.01687094
HCPCS	Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	5	0	0	5	0.75983178
HCPCS	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	4	0	1	5	1.56674438
HCPCS	Q5157	INJECTION, DENOSUMAB-BMWO (STOBOCLO/OSENVELT), BIOSIMILAR, 1 MG	4	0	1	5	0.92662348
CPT	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	4	0	0	4	0.09941551
CPT	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXTENSIVE SKIN WEIGHTING DOWN LID	4	0	0	4	0.07612077
CPT	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (E.G., HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS 1 INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	0	0	4	0.128614
CPT	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	1	4	0.98396701

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CPT	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE(INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONEGRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXATION DEVICE; PLACEMENT OFTRANSARTICULAR DEVICE(S) AND/OR INTRA-ARTICULAR DEVICE(S) PIERCING THELATERAL OR MEDIAL CORTICES OF THE ILIUM AND THE LATERAL CORTEX OF THESACRUM	4	0	0	4	0.1904456
CPT	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	4	0	0	4	0.58481771
CPT	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	4	0	0	4	0.35012153
CPT	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	4	0	0	4	0.1039728
CPT	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	4	0	0	4	0.49395544
CPT	54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	4	0	0	4	0.65603877
CPT	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	4	0	0	4	0.07755787
CPT	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT, CERVICAL, THORACIC, OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	0	0	4	0.32890072
CPT	64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	3	0	1	4	0.29145544
CPT	81161	DMD (DYSTROPHIN) (EG, DUCHENNE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED	2	1	1	4	0.28925347
CPT	81162	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	1	0	3	4	1.28395372
CPT	81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, E285A, Y231X)	0	3	1	4	0.5638904
CPT	81251	GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, N370S, 84GG, L444P, IVS2+1G GREATER THAN A)	0	3	1	4	0.5638904
CPT	81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, 1278INSTATC, 1421+1G GREATER THAN C, G269S)	0	3	1	4	0.5638904
CPT	81260	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL DYSAUTONOMIA) GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T GREATER THAN C, R696P)	0	3	1	4	0.5638904
CPT	81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1	0	3	4	1.77459668

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CPT	81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	0	3	4	1.77459668
CPT	81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1	0	3	4	1.77459668
CPT	81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	0	3	4	1.77459668
CPT	81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1	0	3	4	1.77459668
CPT	81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	0	3	4	1.77459668
CPT	81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1	0	3	4	1.77459668
CPT	81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	0	3	4	1.77459668
CPT	81400	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1 (EG, IDENTIFICATION OF SINGLE GERMLINE VARIANT [EG, SNP] BY TECHNIQUES SUCH AS RESTRICTION ENZYME DIGESTION OR MELT CURVE ANALYSIS)	2	0	2	4	0.83850984
CPT	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	2	0	2	4	1.33185475
CPT	81455	SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER, 51 OR GREATER GENES, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS	0	1	3	4	0.63141769
CPT	83615	LACTIC DEHYDROGENASE (LD), (LDH)	4	0	0	4	0.38869502
CPT	88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	4	0	0	4	0.72900174
CPT	88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	4	0	0	4	0.56413194
CPT	88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	3	1	0	4	0.28214166
CPT	95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	0	0	4	4	0.67358796
CPT	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	2	0	2	4	0.27819444
CPT	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	4	0	0	4	0.04613347
CPT	95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 61-119 MINUTES	4	0	0	4	0.07287616

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CPT	95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	1	1	2	4	0.29165227
CPT	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES	1	1	2	4	0.29165227
CPT	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIES	1	1	2	4	0.29165227
CPT	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIES	1	1	2	4	0.29165227
CPT	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIES	1	1	2	4	0.29165227
CPT	95911	NERVE CONDUCTION STUDIES; 9-10 STUDIES	1	1	2	4	0.29165227
CPT	95912	NERVE CONDUCTION STUDIES; 11-12 STUDIES	1	1	2	4	0.29165227
CPT	95913	NERVE CONDUCTION STUDIES; 13 OR MORE STUDIES	1	1	2	4	0.29165227
CPT	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY 1 METHOD	1	1	2	4	0.29165227
CPT	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	4	0	0	4	0.64664063
CPT	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	4	0	0	4	0.64664063
CPT	96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	0	0	4	0.64664063
CPT	97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	4	0	0	4	1.43403626
CPT	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	4	0	0	4	1.01570122
CPT	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	4	0	0	4	1.01570122
CPT	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	4	0	0	4	1.01570122
CPT	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 30 MINUTES MUST BE MET OR EXCEEDED.	4	0	0	4	0.24344956
HCPCS	A4215	NEEDLE, STERILE, ANY SIZE, EACH	1	1	2	4	0.29165227
HCPCS	A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR. PER 50 STRIPS	1	0	3	4	0.29398727
HCPCS	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	2	2	0	4	0.27922454

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HCPCS	E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	2	2	0	4	0.27922454
HCPCS	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	0	0	4	4	1.01896436
HCPCS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	1	2	1	4	0.14650463
HCPCS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	1	2	1	4	0.14650463
HCPCS	J0013	ESKETAMINE, NASAL SPRAY, 1 MG	0	0	4	4	1.37941262
HCPCS	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED).	4	0	0	4	0.36295139
HCPCS	J0178	INJECTION, AFLIBERCEPT, 1 MG	4	0	0	4	0.11923611
HCPCS	J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	4	0	0	4	0.12573785
HCPCS	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	1	0	3	4	0.26123553
HCPCS	J1453	INJECTION, FOSAPREPITANT, 1 MG	3	1	0	4	0.50422351
HCPCS	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E. G.LIQUID), 500 MG	4	0	0	4	0.94638705
HCPCS	J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG	4	0	0	4	0.58963252
HCPCS	J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG	4	0	0	4	0.56321181
HCPCS	J9041	INJECTION, BORTEZOMIB, 0.1 MG	4	0	0	4	0.89358308
HCPCS	J9060	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG	4	0	0	4	0.46152778
HCPCS	J9171	INJECTION, DOCETAXEL, 1 MG	4	0	0	4	0.82425347
HCPCS	J9277	INJECTION, PEMBROLIZUMAB, 1 MG AND BERAHYALURONIDASE ALFA-PMPH	4	0	0	4	0.22258391
HCPCS	J9299	INJECTION, NIVOLUMAB, 1 MG	4	0	0	4	0.8795118
HCPCS	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG.	4	0	0	4	0.16301325
HCPCS	L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	2	1	1	4	0.25618634
HCPCS	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG.	3	0	1	4	0.29008945
HCPCS	S0109	METHADONE ORAL 5MG	4	0	0	4	0.28848958
HCPCS	S0128	INJECTION, FOLLITROPIN BETA, 75 IU	1	0	3	4	0.07005787
CPT	0108U	GASTROENTEROLOGY (BARRETT'S ESOPHAGUS), WHOLE SLIDE-DIGITAL IMAGING, INCLUDING MORPHOMETRIC ANALYSIS, COMPUTER-ASSISTED QUANTITATIVE IMMUNOLABELING OF 9 PROTEIN BIOMARKERS (P16, AMACR, P53, CD68, COX-2, CD45RO, HIF1A, HER-2, K20) AND MORPHOLOGY, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF PROGRESSION TO HIGH-GRADE DYSPLASIA OR CANCER	0	0	3	3	2.31561272

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CPT	0232T	INJECTION(S), PLATELET RICH PLASMA, ANY TISSUE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	0	0	3	3	0.41505015
CPT	0493U	TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONOR-DERIVED CELL FREE DNA(CFDNA) USING NEXT GENERATION SEQUENCING, PLASMA, REPORTED AS PERCENTAGEOF DONOR DERIVED CELL-FREE DN	0	0	3	3	0.36303627
CPT	19083	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE	3	0	0	3	0.0886034
CPT	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	3	0	0	3	0.09783179
CPT	21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	3	0	0	3	0.12961806
CPT	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	2	0	1	3	1.30655864
CPT	22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.44784757
CPT	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	3	0	0	3	0.10169367
CPT	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	3	0	0	3	0.10169367
CPT	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (E.G., SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	3	0	0	3	0.54893241
CPT	30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	1	2	0	3	0.09822145
CPT	30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	3	0	0	3	0.2695216
CPT	36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	1	0	2	3	0.16159342
CPT	36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROSAL SINUS)	1	0	2	3	0.16159342
CPT	36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CRYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.13914738
CPT	38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	3	0	0	3	0.11397377
CPT	38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	3	0	0	3	0.49732253
CPT	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	3	0	0	3	0.97008756

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	3	0	0	3	0.1305054
CPT	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	3	0	0	3	0.03761574
CPT	51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	3	0	0	3	1.28405155
CPT	52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	3	0	0	3	0.15259645
CPT	61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO 2 OR MORE ELECTRODE ARRAYS	2	0	1	3	0.82450231
CPT	64590	INSERTION OR REPLACEMENT OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE GENERATOR OR RECEIVER	3	0	0	3	0.07003472
CPT	64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	1	3	0.13577546
CPT	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	3	0	0	3	0.38777392
CPT	69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.09634253
CPT	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	3	0	0	3	0.27600309
CPT	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (E.G., DIAGNOSTIC, INTERVENTIONAL)	3	0	0	3	0.50848563
CPT	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.92107639
CPT	78195	LYMPHATICS AND LYMPH NODES IMAGING	3	0	0	3	0.0853858
CPT	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION ONLY (EG, UTILIZING IMMUNOASSAY [EG, DIPSTICKS, CUPS, CARDS, OR CARTRIDGES]) INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE	2	1	0	3	1.09222189
CPT	81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE	3	0	0	3	0.7156205
CPT	81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT	0	3	0	3	0.68191946
CPT	81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A GREATER THAN T)	0	3	0	3	0.68191946
CPT	81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS (EG, IVS3-2A GREATER THAN G, DEL6.4KB)	0	3	0	3	0.68191946

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CPT	81330	SMPD1(SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS (EG, R496L, L302P, FSP330)	0	3	0	3	0.68191946
CPT	81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)	0	3	0	3	0.68191946
CPT	81401	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATED VARIANT, OR 1 SOMATIC VARIANT [TYPICALLY USING NONSEQUENCING TARGET VARIANT ANALYSIS], OR DETECTION OF A DYNAMIC MUTATION DISORDER/TRIPLET REPEAT) ABCC8 (ATP-BINDING CASSETTE, SUB-FAMILY C [CFTR/MRP], MEMBER 8) (EG, FAMILIAL HYPERINSULINISM), COMMON VARIANTS (EG, C.3898-9G GREATER THAN A [C.3992-9G GREATER THAN A], F1388DEL) ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE) (EG, ACQUIRED IMATINIB RESISTANCE), T315I VARIANT ACADM (ACYL-COA DEHYDROGENASE, C-4 TO C-12 STRAIGHT CHAIN, MCAD) (EG, MEDIUM CHAIN ACYL DEHYDROGENASE DEFICIENCY), COMMONS VARIANTS (EG, K304E, Y42H) ADRB2 (ADRENERGIC BETA-2 RECEPTOR SURFACE) (EG, DRUG METABOLISM), COMMON VARIANTS (EG, G16R, Q27E) APOB (APOLIPOPROTEIN B) (EG, FAMILIAL HYPERCHOLESTEROLEMIA TYPE B), COMMON VARIANTS (EG, R3500Q, R3500W) APOE (APOLIPOPROTEIN E) (EG, HYPERLIPOPROTEINEMIA TYPE III, CARDIOVASCULAR DISEASE, ALZHEIMER DISEASE), COMMON VARIANTS (EG, *2, *3, *4) CBFB/MYH11 (INV(16)) (EG, ACUTE MYELOID LEUKEMIA), QUALITATIVE, AND QUANTITATIVE, IF PERFORMED CBS (CYSTATHIONINE-BETA-SYNTHASE) (EG, HOMOCYSTINURIA, CYSTATHIONINE BETA-SYNTHASE DEFICIENCY), COMMON VARIANTS (EG, I278T, G307S) CFH/ARMS2 (COMPLEMENT FACTOR H/AGE-RELATED MACULOPATHY SUSCEPTIBILITY 2) (EG, MACULAR DEGENERATION), COMMON VARIANTS (EG, Y402H [CFH], A69S [ARMS2]) DEK/NUP214 (T(6;9)) (EG, ACUTE MYELOID LEUKEMIA), TRANSLOCATION ANALYSIS, QUALITATIVE, AND QUANTITATIVE, IF PERFORMED E2A/PBX1 (T(1;19)) (EG, ACUTE LYMPHOCYTIC LEUKEMIA), TRANSLOCATION ANALYSIS, QUALITATIVE, AND QUANTITATIVE, IF PERFORMED EML4/ALK (INV(2)) (EG, NON-SMALL CELL LUNG CANCER), TRANSLOCATION OR INVERSION ANALYSIS ETV6/RUNX1 (T(12;21)) (EG, ACUTE LYMPHOCYTIC LEUKEMIA), TRANSLOCATION ANALYSIS, QUALITATIVE, AND QUANTITATIVE, IF PERFORMED EWSR1/ATF1 (T(12;22)) (EG, CLEAR CELL SARCOMA), TRANSLOCATION ANALYSIS, QUALITATIVE, AND QUANTITATIVE, IF PERFORMED EWSR1/ERG (T(21;22)) (EG, EWING SARCOMA/PERIPHERAL NEUROECTODERMAL TUMOR), TRANSLOCATION A	0	1	2	3	1.36235709
CPT	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	1	3	0.75368441
CPT	84155	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD	3	0	0	3	0.40006559
CPT	84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM	3	0	0	3	0.40006559
CPT	84238	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	3	0	0	3	0.4107446
CPT	86334	IMMUNOFIXATION ELECTROPHORESIS; SERUM	3	0	0	3	0.40006559
CPT	88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	3	0	0	3	0.88225309
CPT	88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	3	0	0	3	0.88225309
CPT	88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	3	0	0	3	0.88225309

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CPT	90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	3	0	0	3	0.62024691
CPT	93229	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTER FOR UP TO 30 DAYS; TECHNICAL SUPPORT FOR CONNECTION AND PATIENT INSTRUCTIONS FOR USE, ATTENDED SURVEILLANCE, ANALYSIS AND TRANSMISSION OF DAILY AND EMERGENT DATA REPORTS AS PRESCRIBED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	2	0	1	3	0.35108025
CPT	94640	PRESSURIZED OR NONPRESSURIED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION FOR THERAPEUTIC PURPOSES AND/OR FOR DIAGNOSTIC PURPOSES SUCH AS SPUTUM INDUCTION WITH AN AEROSOL GENERATION, NEBULIZER, METERED DOES INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) DEVICE	3	0	0	3	0.6322608
CPT	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 60 HOURS, UP TO 84 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	1	0	2	3	0.32113812
CPT	95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.51528164
CPT	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; LIMITED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	2	3	0.34258497
CPT	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/ VELOCITY STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	2	3	0.34258497
CPT	95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER LIMBS	1	0	2	3	0.34258497
CPT	95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER LIMBS	1	0	2	3	0.34258497
CPT	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.64254412
CPT	97014	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED).	3	0	0	3	1.52167961
CPT	97035	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	3	0	0	3	1.56292824

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CPT	97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: -AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES IS REQUIRED; AND -REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY	3	0	0	3	1.51204613
CPT	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 20 MINUTES MUST BE MET OR EXCEEDED.	3	0	0	3	0.95417288
CPT	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 40 MINUTES MUST BE MET OR EXCEEDED.	2	1	0	3	1.00367284
CPT	99221	INITIAL HOSPITAL INPATIENT OR OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD OR LOW LEVEL MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 40 MINUTES MUST BE MET OR EXCEEDED.	3	0	0	3	0.33366127
CPT	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	3	0	0	3	0.91611204
CPT	99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.91611204
HCPCS	A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	1	0	2	3	0.30307099
HCPCS	A9592	COPPER CU-64, DOTATATE, DIAGNOSTIC, 1 MILLICURIE	3	0	0	3	0.07435571
HCPCS	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	3	0	0	3	0.27405093
HCPCS	E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	2	1	0	3	0.32684799
HCPCS	E0978	WHEELCHAIR ACCESSORY, POSITIONING/SAFETY BELT/PELVIC STRAP, EACH	1	1	1	3	0.12726852
HCPCS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1	1	1	3	0.12726852
HCPCS	E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTHLESS THAN 22 INCHES, ANY DEPTH	2	0	1	3	1.12183256
HCPCS	J0490	INJECTION, BELIMUMAB, 10 MG	3	0	0	3	1.08662809
HCPCS	J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0	0	3	3	0.99988812
HCPCS	J1080	TESTOSTERONE CYPIONAT 200 MG	3	0	0	3	0.25728009
HCPCS	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	2	0	1	3	0.35845154
HCPCS	J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	2	0	1	3	1.06967094

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HCPCS	J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA SUSTENNA), 1 MG	0	0	3	3	0.52700231
HCPCS	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	3	0	0	3	0.45272377
HCPCS	J2919	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	3	0	0	3	1.43828704
HCPCS	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	1	0	2	3	0.66323688
HCPCS	J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	2	0	1	3	1.68682485
HCPCS	J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (ILUVIEN), 0.01 MG	2	0	1	3	1.95223765
HCPCS	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	2	0	1	3	0.89750772
HCPCS	J9181	INJECTION, ETOPOSIDE, 10 MG	3	0	0	3	0.33618827
HCPCS	J9306	INJECTION, PERTUZUMAB, 1 MG	3	0	0	3	0.70480708
HCPCS	J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	3	0	0	3	0.14415509
HCPCS	J9395	INJECTION, FULVESTRANT, 25 MG	3	0	0	3	1.02748457
HCPCS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	1	1	1	3	1.13413966
HCPCS	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	2	1	0	3	0.12852238
HCPCS	L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	2	0	1	3	0.36396259
HCPCS	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	2	0	1	3	0.9900733
HCPCS	Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	3	0	0	3	0.58159367
CPT	0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR MODERATE TO HIGH RISK OF MALIGNANCY	1	0	1	2	1.50633745
CPT	0037U	TARGETED GENOMIC SEQUENCE ANALYSIS, SOLID ORGAN NEOPLASM, DNA ANALYSIS OF 324 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN	1	1	0	2	1.71897569
CPT	0211U	ONCOLOGY (PAN-TUMOR), DNA AND RNA BY NEXT-GENERATION SEQUENCING, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, INTERPRETATIVE REPORT FOR SINGLE NUCLEOTIDE VARIANTS, COPY NUMBER ALTERATIONS, TUMOR MUTATIONAL BURDEN, AND MICROSATELLITE INSTABILITY, WITH THERAPY ASSOCIATION	0	2	0	2	0.88422454
CPT	0519F	PLANNED CHEMOTHERAPY REGIMEN, INCLUDING AT A MINIMUM: DRUG(S) PRESCRIBED, DOSE, AND DURATION, DOCUMENTED PRIOR TO INITIATION OF A NEW TREATMENT REGIMEN (ONC)	2	0	0	2	0.12651042

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CPT	0540U	TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONOR-DERIVED CELL-FREE DNAUSING NEXT-GENERATION SEQUENCING ANALYSIS OF PLASMA, REPORTED ASPERCENTAGE OF DONOR-DERIVED CELL-FREE DNA TO DETERMINE PROBABILITY OFREJECTION	0	0	2	2	0.19006366
CPT	11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	2	0	0	2	0.35443547
CPT	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	2	0	0	2	0.04722222
CPT	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	2	0	0	2	0.07064815
CPT	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQCM	2	0	0	2	0.07064815
CPT	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	2	0	0	2	0.07064815
CPT	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.07064815
CPT	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA	0	1	1	2	0.70068287
CPT	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.12509838
CPT	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	1.13164019
CPT	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	2	0	0	2	0.09378472
CPT	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	2	0	0	2	1.43657653
CPT	19085	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE	2	0	0	2	0.09166667
CPT	19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER, OPEN; SINGLE LESION	2	0	0	2	0.10991319
CPT	19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER, OPEN; EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A PREOPERATIVE RADIOLOGICAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.10991319
CPT	19350	NIPPLE/AREOLA RECONSTRUCTION	1	0	1	2	0.62994792
CPT	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	2	0	0	2	0.04722222

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CPT	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	1	0	1	2	0.45380208
CPT	20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPUYTREN'S CONTRACTURE)	2	0	0	2	0.10262731
CPT	20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	2	0	0	2	0.38882523
CPT	20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITHOUT ULTRASOUND GUIDANCE	1	0	1	2	0.1270081
CPT	21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	2	0	0	2	0.17988426
CPT	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	2	0	0	2	0.11194444
CPT	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	1	0	1	2	0.10653935
CPT	22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; CERVICAL BELOW C2 SEGMENT	2	0	0	2	0.60051557
CPT	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INTERSPACE, LUMBAR	1	0	1	2	0.09489005
CPT	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	2	0	0	2	0.44690972
CPT	30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	2	0	0	2	0.35023727
CPT	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	2	0	0	2	0.05274306
CPT	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	2	0	0	2	0.14241898
CPT	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	0	0	2	2	0.16383102
CPT	31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL OR ENDOBRONCHIAL BIOPSY(S), SINGLE OR MULTIPLE SITES	2	0	0	2	0.10585069
CPT	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF FIDUCIAL MARKERS, SINGLE OR MULTIPLE	2	0	0	2	0.10585069
CPT	31652	BRONCHOSCOPY, RIDGID OR FLEXIBLE, INCLUDING FLUOROSCPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND /OR TRANSBRONCIAL SAMPLING (EG, ASPIRATION[S]/BIOPSY [IES]), ONE OR TWO MEDIASTINAL AND/OR HILAR LYMPH NODE STATIONS OR STRUCTURES	2	0	0	2	0.10585069
CPT	31654	BRONCHOSCOPY, RIDGID OR FLEXIBLE, INCLUDING FLUOROSCPIC GUIDANCE, WHEN PERFORMED; WITH TRANSENDOSCOPIC ENDOBRONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNOSTIC OR THERAPEUTIC INTERVENTION(S) FOR PERIPHERAL LESION(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE [S])	2	0	0	2	0.40331597

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CPT	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN), SAME LEG	2	0	0	2	0.16392361
CPT	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	2	0	0	2	0.43233796
CPT	38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	2	0	0	2	0.49466435
CPT	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	2	0	0	2	0.16630208
CPT	38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	2	0	0	2	0.10991319
CPT	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	2	0	0	2	0.04071759
CPT	38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	2	0	0	2	0.10991319
CPT	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH DYNAMIC EVALUATION OF VELUM, PHARYNX, TONGUE BASE, AND LARYNX FOR EVALUATION OF SLEEP-DISORDERED BREATHING, FLEXIBLE, DIAGNOSTIC	2	0	0	2	0.08710648
CPT	43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	2	0	0	2	0.42814236
CPT	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	2	0	0	2	0.38053082
CPT	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	2	0	0	2	0.10346222
CPT	51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	2	0	0	2	0.13549192
CPT	60660	ABLATION OF 1 OR MORE THYROID NODULE(S), ONE LOBE OR THE ISTHMUS,PERCUTANEOUS, INCLUDING IMAGING GUIDANCE, RADIOFREQUENCY	0	0	2	2	0.06899306
CPT	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMORDESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION),INCLUDING ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURALROAD MAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION,PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINALCORD)	2	0	0	2	0.09526042
CPT	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.06118634
CPT	61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; FIRST ARRAY	2	0	0	2	0.21846215

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CPT	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; EACH ADDITIONAL ARRAY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	2	0	0	2	0.21846215
CPT	63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; CERVICAL	2	0	0	2	0.60051557
CPT	63053	LAMINECTOMY, FACETECTOMY, OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S] [EG, SPINAL OR LATERAL RECESS STENOSIS]), DURING POSTERIOR INTERBODY ARTHRODESIS, LUMBAR; EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	2.08179078
CPT	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	2	0	0	2	0.04052083
CPT	64624	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1	0	1	2	0.15974609
CPT	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; EACH ADDITIONAL VERTEBRAL BODY, LUMBAR OR SACRAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.44660301
CPT	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	0	0	2	2	0.81641782
CPT	65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKIA)	2	0	0	2	0.53349101
CPT	65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; WITHOUT SUTURES	2	0	0	2	0.71409722
CPT	67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (E.G., CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY (INCLUDES INTRAVENOUS INFUSION)	2	0	0	2	0.65520459
CPT	75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	1	2	0.15690972
CPT	75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	1	2	0.15690972
CPT	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	0	1	1	2	0.45407986
CPT	78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGRAPHY (PET), REST AND PHARMACOLOGIC STRESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	2	2	0.45081019
CPT	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	2	0	0	2	0.11287037
CPT	81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	2	2	2.05045953

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CPT	81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	0	0	2	2	2.05045953
CPT	81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPARATIVE SPECIMEN (EG, PRE-TRANSPLANT RECIPIENT AND DONOR GERMLINE TESTING, POST-TRANSPLANT NON-HEMATOPOIETIC RECIPIENT GERMLINE [EG, BUCCAL SWAB OR OTHER GERMLINE TISSUE SAMPLE] AND DONOR TESTING, TWIN ZYGOSITY TESTING, OR MATERNAL CELL CONTAMINATION OF FETAL CELLS)	2	0	0	2	1.01157986
CPT	81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)	0	0	2	2	2.39199637
CPT	81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	2	2	2.05045953
CPT	81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANT	0	0	2	2	2.05045953
CPT	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	2	2	2.05045953
CPT	81410	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, AND MYLK	1	0	1	2	0.24643723
CPT	81411	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR TGFBR1, TGFBR2, MYH11, AND COL3A1	1	0	1	2	0.24643723
CPT	81425	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	2	0	0	2	0.45872106
CPT	81426	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.45872106
CPT	81521	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 465 HOUSEKEEPING GENES, UTILIZING FRESH FROZEN OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK OF DISTANT METASTASIS	0	1	1	2	1.81464123
CPT	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	2	0	0	2	1.2263831
CPT	83010	HAPTOGLOBIN; QUANTITATIVE	2	0	0	2	0.31461227
CPT	83521	IMMUNOGLOBULIN LIGHT CHAINS (IE, KAPPA, LAMBDA), FREE, EACH	2	0	0	2	0.58099537
CPT	84393	TAU, PHOSPHORYLATED (EG, PTAU 181, PTAU 217), EACH	0	0	2	2	1.84749251
CPT	84550	URIC ACID; BLOOD	2	0	0	2	0.46277778
CPT	85045	BLOOD COUNT; RETICULOCYTE, AUTOMATED	2	0	0	2	0.31461227
CPT	85384	FIBRINOGEN; ACTIVITY	1	1	0	2	1.47635417

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CPT	87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; AMPLIFIED PROBE TECHNIQUE, EACH ORGANISM	2	0	0	2	1.68410994
CPT	88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	2	0	0	2	1.21693866
CPT	88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE	1	1	0	2	0.46167336
CPT	88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	1	1	0	2	0.46167336
CPT	88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	1	1	0	2	0.46167336
CPT	88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	2	0	0	2	1.06737464
CPT	88314	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; HISTOCHEMICAL STAIN ON FROZEN TISSUE BLOCK (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	1	2	0.410693
CPT	88346	IMMUNOFLUORESCENCE, SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE	1	0	1	2	0.410693
CPT	88350	IMMUNOFLUORESCENE, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	1	2	0.410693
CPT	88356	MORPHOMETRIC ANALYSIS; NERVE	1	0	1	2	0.410693
CPT	88365	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; INITIAL SINGLE PROBE STAIN PROCEDURE	1	1	0	2	0.61057209
CPT	88381	MICRODISSECTION (I.E., SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL	0	0	2	2	0.55648409
CPT	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	1	0	1	2	0.50434028
CPT	90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	2	0	0	2	0.35619825
CPT	90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATIONLS) WITH OR WITHOUT SUBSTANIAL REVISION OF DIALYSIS PRESCRIPTION	2	0	0	2	0.35619825
CPT	92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	1	1	0	2	0.13373843
CPT	93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	1	1	0	2	1.514375
CPT	93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY	1	1	0	2	1.80262731
CPT	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTER FOR UP TO 30 DAYS; REVIEW AND INTERPRETATION WITH REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	2	0	0	2	0.38667245

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CPT	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/ OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT; INCLUDING PERFORMANCE OF CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, WITH SUPERVISION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	0	2	0	2	1.50208333
CPT	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENTIAL INTERATRIAL COMMUNICATION (I.E., FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	2	0	0	2	0.05988426
CPT	94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	1	0	2	1.80262731
CPT	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	2	0	0	2	0.04694138
CPT	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	1	2	0.45199074
CPT	95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION(PARASYMPATHETIC FUNCTION), INCLUDING TWO OR MORE OF THE FOLLOWING: HEARTRATE RESPONSE TO DEEP BREATHING WITH RECORDED R-R INTERVAL, VALSALVARATIO, AND 30:15 RATIO	1	0	1	2	0.46355903
CPT	95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING 1 OR MORE OF THE FOLLOWING: QUANTITATIVE SUDOMOTOR AXON REFLEX TEST (QSART), SILASTIC SWEAT IMPRINT, THERMOREGULATORY SWEAT TEST, AND CHANGES IN SYMPATHETIC SKIN POTENTIAL	1	0	1	2	0.46355903
CPT	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED LOOP PARAMETERS, AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH BRAIN, CRANIAL NERVE, SPINAL CORD, PERIPHERAL NERVE, OR SACRAL NERVE, NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITHOUT PROGRAMMING	2	0	0	2	0.41286276
CPT	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED LOOP PARAMETERS, AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH SIMPLE SPINAL CORD OR PERIPHERAL NERVE (EG, SACRAL NERVE) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	2	0	0	2	1.10502894

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CPT	96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	2	0	0	2	0.1970081
CPT	96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPLICATION AND ILLUMINATION/ACTIVATION OF PHOTOSENSETIVE DRUG(S), PER DAY	2	0	0	2	0.76210069
CPT	96574	DEBRIDEMENT OF PREMALIGNANT HYPERKERATOTIC LESION(S) (IE, TARGETED CURETTAGE, ABRASION) FOLLOWED WITH PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPLICATION AND ILLUMINATION/ACTIVATION OF PHOTOSENSITIZING DRUG(S) PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER DAY	2	0	0	2	0.76210069
CPT	97016	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES	2	0	0	2	1.44478335
CPT	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIAN'S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL'S TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIONS, AND NON-FACE-TO-FACE ANALYZING PAST DATA, SCORING/INTERPRETING THE ASSESSMENT, AND PREPARING THE REPORT/TREATMENT PLAN	2	0	0	2	1.05409342
CPT	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN THE USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES.	2	0	0	2	1.12625911
CPT	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 60 MINUTES MUST BE MET OR EXCEEDED.	1	1	0	2	1.45888889
HCPCS	A4544	ELECTRODE FOR EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGSSYNDROME	2	0	0	2	0.20457755
HCPCS	A4649	SURGICAL SUPPLY; MISCELLANEOUS	2	0	0	2	0.09166667
HCPCS	A4927	GLOVES, NON-STERILE, PER 100	0	1	1	2	0.02940394
HCPCS	A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	2	0	0	2	0.11467514
HCPCS	C1819	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE (IMPLANTABLE) (FOR FACILITY CLAIMS ONLY)	2	0	0	2	0.09166667
HCPCS	C7509	BRONCHOSCOPY, RIGID OR FLEXIBLE, DIAGNOSTIC WITH CELL WASHING(S) WHEN PERFORMED, WITH COMPUTER-ASSISTED IMAGE-GUIDED NAVIGATION, INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED	2	0	0	2	0.10585069
HCPCS	C7510	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH BRONCHIAL ALVEOLAR LAVAGE(S), WITH COMPUTER-ASSISTED IMAGE-GUIDED NAVIGATION, INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED	2	0	0	2	0.10585069

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	C7511	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH SINGLE OR MULTIPLE BRONCHIAL OR ENDOBRONCHIAL BIOPSY(IES), SINGLE OR MULTIPLE SITES, WITH COMPUTER-ASSISTED IMAGE-GUIDED NAVIGATION, INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED	2	0	0	2	0.10585069
HCPCS	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	0	1	2	0.41197917
HCPCS	E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	0	2	0	2	0.15259838
HCPCS	E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	0	2	0	2	0.15259838
HCPCS	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	0	1	1	2	0.1036169
HCPCS	E0743	EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGS SYNDROME, EACH	2	0	0	2	0.20457755
HCPCS	E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	1	0	1	2	0.13270833
HCPCS	E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	1	0	1	2	0.76983218
HCPCS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	0	1	1	2	0.23288773
HCPCS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	0	1	1	2	0.23288773
HCPCS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1	1	0	2	0.06012153
HCPCS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1	1	0	2	1.57042824
HCPCS	G0330	FACILITY SERVICES FOR DENTAL REHABILITATION PROCEDURE(S) PERFORMED ON A PATIENT WHO REQUIRES MONITORED ANESTHESIA (E.G., GENERAL, INTRAVENOUS SEDATION (MONITORED ANESTHESIA CARE) AND USE OF AN OPERATING ROOM	2	0	0	2	0.46995681
HCPCS	J0165	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	1	0	1	2	0.27403356
HCPCS	J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	2	0	0	2	0.54119792
HCPCS	J0175	INJECTION, DONANEMAB-AZBT, 2 MG	2	0	0	2	1.95412095
HCPCS	J0578	INJECTION, BUPRENORPHINE EXTENDEDRELEASE INJECTION, BUPRENORPHINE EXTENDED RELEASE BRIXADI GREATER THAN 7 DAYS OF THERAPY	2	0	0	2	0.50850641
HCPCS	J0638	INJECTION, CANAKINUMAB, 1 MG	2	0	0	2	1.72907407
HCPCS	J0665	INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	2	0	0	2	0.13549192
HCPCS	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	2	0	0	2	1.78545139

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HCPCS	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	1	0	1	2	0.48319444
HCPCS	J1073	TESTOSTERONE PELLET, IMPLANT, 75 MG	2	0	0	2	0.54076389
HCPCS	J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	2	0	0	2	0.49356481
HCPCS	J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	0	0	2	2	1.28166088
HCPCS	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	2	0	0	2	0.86500938
HCPCS	J1580	INJECTION, GARAMYCIN, GENTAMICIN UP TO 80 MG	2	0	0	2	0.13549192
HCPCS	J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	2	0	0	2	0.09527778
HCPCS	J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	2	0	0	2	0.13549192
HCPCS	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	2	0	0	2	0.63211227
HCPCS	J2323	INJECTION, NATALIZUMAB, 1 MG	2	0	0	2	1.84480324
HCPCS	J2351	INJECTION, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ	2	0	0	2	0.51689815
HCPCS	J2468	EQUIVALENT TO J2469, 25 MICROGRAMSINJECTION, PALONOSETRON HYDROCHLORIDE (POSFREA), 25 MICROGRAMS	2	0	0	2	0.43658608
HCPCS	J3110	INJECTION, TERIPARATIDE, 10 MCG	2	0	0	2	1.40057292
HCPCS	J3121	INJECTION, TESTOSTERONE ENANTHATE, 1MG	2	0	0	2	0.46820023
HCPCS	J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	2	0	0	2	0.54938079
HCPCS	J3285	INJECTION, TREPROSTINIL, 1 MG	0	0	2	2	0.06518519
HCPCS	J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	2	0	0	2	0.13549192
HCPCS	J3396	INJECTION, VERTEPORFIN, 0.1 MG	2	0	0	2	0.65520459
HCPCS	J7345	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	2	0	0	2	0.76210069
HCPCS	J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	2	0	0	2	0.8047338
HCPCS	J8700	TEMOZOLMIDE, ORAL, 5 MG	1	0	1	2	0.02201389
HCPCS	J9073	INJECTION, CYCLOPHOSPHAMIDE (DR. REDDY'S), 5 MG	2	0	0	2	1.49832176
HCPCS	J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG	1	1	0	2	0.15980903
HCPCS	J9155	INJECTION, DEGARELIX, 1 MG	2	0	0	2	0.5882581
HCPCS	J9196	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	2	0	0	2	0.43111155
HCPCS	J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	2	0	0	2	0.636875
HCPCS	J9218	LEUPROLIDE ACETATE, PER 1 MG	0	0	2	2	0.03278356
HCPCS	J9301	INJECTION, OBINUTUZUMAB, 10 MG	2	0	0	2	1.73418981
HCPCS	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	2	0	0	2	0.18954152
HCPCS	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	2	0	0	2	0.44392361

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	2	0	0	2	0.5625006
HCPCS	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	0	1	1	2	0.23288773
HCPCS	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	2	0	0	2	0.16967014
HCPCS	K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	2	0	0	2	0.27534722
HCPCS	L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	2	0	0	2	0.36821759
HCPCS	L2999	UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES	1	0	1	2	0.15846065
HCPCS	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	2	0	0	2	0.07798032
HCPCS	Q4186	EPIFIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TOPRIMARY PROCEDURE)	1	1	0	2	0.91803241
HCPCS	Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	2	0	0	2	0.08937497
HCPCS	Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	2	0	0	2	0.06793981
HCPCS	Q5125	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM	0	0	2	2	0.06802083
HCPCS	Q5143	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	0	0	2	2	0.73746076
HCPCS	Q9992	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG	2	0	0	2	0.57962432
HCPCS	S0122	INJECTION, MENOTROPINS, 75 IU	1	0	1	2	0.03494213
HCPCS	S0190	MIFEPRISTONE, ORAL, 200 MG	0	0	2	2	0.01692708
HCPCS	S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	1	0	1	2	0.1860706
HCPCS	S2095	TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTION, PERCUTANEOUS, ANY METHOD, USING YTTRIUM-90 MICROSPHERES	1	0	1	2	0.10535441
HCPCS	T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	0	1	1	2	0.02940394
Revenue	0912	BEHAVIORAL HEALTH TREATMENTS/SERVICES - PARTIAL HOSPITALIZATION - LESS INTENSIVE	2	0	0	2	1.44248843
CPT	0172U	ONCOLOGY (SOLID TUMOR AS INDICATED BY THE LABEL), SOMATIC MUTATION ANALYSIS OF BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) AND ANALYSIS OF HOMOLOGOUS RECOMBINATION DEFICIENCY PATHWAYS, DNA, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM QUANTIFYING TUMOR GENOMIC INSTABILITY SCORE	0	0	1	1	2.07524483
CPT	0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (I.E., TEMS)	1	0	0	1	0.77172454

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CPT	0202T	POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (E.G., FACET JOINT[S] REPLACEMENT) INCLUDING FACETECTOMY, LAMINECTOMY, FORAMINOTOMY AND VERTEBRAL COLUMN FIXATION, WITH OR WITHOUT INJECTION OF BONE CEMENT, INCLUDING FLUOROSCOPY, SINGLE LEVEL, LUMBAR SPINE	1	0	0	1	0.16653935
CPT	0245U	ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESSION OF 4 MRNA MARKERS USING NEXT GENERATION SEQUENCING, FINE NEEDLE ASPIRATE, REPORT INCLUDES ASSOCIATED RISK OF MALIGNANCY EXPRESSED AS A PERCENTAGE	1	0	0	1	0.11454861
CPT	0326U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCULATING DNA ANALYSIS OF 83 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN	0	0	1	1	1.09055556
CPT	0364U	ONCOLOGY (HEMATOLYMPHOID NEOPLASM), GENOMIC SEQUENCE ANALYSIS USING MULTIPLEX (PCR) AND NEXT-GENERATION SEQUENCING WITH ALGORITHM, QUANTIFICATION OF DOMINANT CLONAL SEQUENCE(S), REPORTED AS PRESENCE OR ABSENCE OF MINIMAL RESIDUAL DISEASE (MRD) WITH QUANTITATION OF DISEASE BURDEN, WHEN APPROPRIATE	1	0	0	1	0.13075231
CPT	0376U	ONCOLOGY (PROSTATE CANCER), IMAGE ANALYSIS OF AT LEAST 128 HISTOLOGIC FEATURES AND CLINICAL FACTORS, PROGNOSTIC ALGORITHM DETERMINING THE RISK OF DISTANT METASTASES, AND PROSTATE CANCER SPECIFIC MORTALITY, INCLUDES PREDICTIVE ALGORITHM TO ANDROGEN DEPRIVATION THERAPY RESPONSE, IF APPROPRIATE	0	0	1	1	0.15216435
CPT	0402T	COLLAGEN CROSS-LINKING OF CORNEA, INCLUDING REMOVAL OF THE CORNEAL EPITHELIUM, WHEN PERFORMED, AND INTRAOPERATIVE PACHYMETRY, WHEN PERFORMED	1	0	0	1	0.0537037
CPT	0446T	CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR, INCLUDING SYSTEM ACTIVATION AND PATIENT TRAINING	1	0	0	1	0.02709491
CPT	0486U	ONCOLOGY (PAN-SOLID TUMOR), NEXT GENERATION SEQUENCING ANALYSIS OF TUMORMETHYLATION MARKERS PRESENT IN CELL-FREE CIRCULATING TUMOR DNA, ALGORITHMREPORTED AS QUANTITATIVE MEASUREMENT OF METHYLATION AS A CORRELATE OFTUMOR FRACTION	0	0	1	1	0.15584491
CPT	0487U	ONCOLOGY (SOLID TUMOR), CELL-FREE CIRCULATING DNA, TARGETED GENOMICSEQUENCE ANALYSIS PANEL OF 84 GENES, INTERROGATION FOR SEQUENCE VARIANTS,ANEUPLOIDY CORRECTED GENE COPY NUMBER AMPLIFICATIONS AND LOSSES, GENEREARRANGEMENTS, AND MICROSATELLITE INSTABILITY	0	0	1	1	0.15584491
CPT	0569U	ONCOLOGY (SOLID TUMOR) NEXT-GENERATION SEQUENCING ANALYSIS OF TUMORMETHYLATION MARKERS (GREATER THAN 20,000 DIFFERENTIALLY METHYLATEDREGIONS) PRESENT IN CELL-FREE CIRCULATING TUMOR DNA (CTDNA), WHOLE BLOOD,ALGORITHM REPORTED AS PRESENCE OR ABSENCE OF CTDNA WITH TUMOR FRACTION, IFAPPROPRIATE	0	0	1	1	1.2241052

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CPT	0630U	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY MICRO-ARRAY OF 80GENES (80 CONTENT AND 465 HOUSEKEEPING), UTILIZING FORMALIN-FIXEDPARAFFIN-EMBEDDED TISSUE (FFPE), ALGORITHM REPORTED AS INDEX THAT ISDIAGNOSTIC OF A MOLECULAR SUBTYPE (LUMINAL, BASAL, HER2)	0	1	0	1	0.86310358
CPT	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); SINGLE LESION	1	0	0	1	0.03260417
CPT	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); EACH SEPARATE/ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.03260417
CPT	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION	1	0	0	1	0.03260417
CPT	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.03260417
CPT	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION	1	0	0	1	0.03260417
CPT	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.03260417
CPT	11442	EXCISION, BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 1.1 TO 2.0 CM	1	0	0	1	0.03725694
CPT	11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION;6.0 SQ CM OR LESS	1	0	0	1	0.03331019
CPT	11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM	1	0	0	1	0.03331019
CPT	11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; EACH ADDITIONAL 20.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.03331019
CPT	11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETS BENEATH THE SKIN)	1	0	0	1	0.91131944
CPT	11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	1	0	0	1	0.76996528
CPT	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN	1	0	0	1	0.04321759

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CPT	15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIONAL 1!% OF BODY AREA OF INFANTS AND CHILDREN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.04321759
CPT	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREAS	1	0	0	1	0.05251157
CPT	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	1	0	0	1	2.96657407
CPT	17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	1	0	0	1	0.02756944
CPT	19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS	1	0	0	1	0.04321759
CPT	19300	MASTECTOMY FOR GYNECOMASTIA	1	0	0	1	0.07366898
CPT	19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE	1	0	0	1	0.04321759
CPT	19325	BREAST AUGMENTATION WITH IMPLANT	1	0	0	1	0.10125
CPT	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	1	0	0	1	2.2213475
CPT	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	1	0	0	1	0.04193287
CPT	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	1	0	0	1	2.2213475
CPT	19361	BREAST RECONSTRUCTION; WITH LATISSIMUS DORSI FLAP	1	0	0	1	0.04321759
CPT	19364	BREAST RECONSTRUCTION; WITH FREE FLAP (EG, FTRAM, DIEP, SIEA, GAP FLAP)	1	0	0	1	0.04321759
CPT	19499	UNLISTED PROCEDURE, BREAST	1	0	0	1	0.66436343
CPT	20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	0	0	1	1	0.95429398
CPT	20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES	0	0	1	1	0.95429398
CPT	20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FINGERS, TOES); WITH ULTRASOUND GUIDANCE, WITH PERMANENT RECORDING AND REPORTING	1	0	0	1	0.27450231
CPT	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAN, NAIL, ROD OR PLATE)	1	0	0	1	0.02893519
CPT	20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	1	0	0	1	0.1328389
CPT	20912	CARTILAGE GRAFT; NASAL SEPTUM	1	0	0	1	0.1328389
CPT	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.01619213
CPT	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	1	0	0	1	0.14768519

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	1	0	0	1	0.25475694
CPT	21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	1	0	0	1	0.1328389
CPT	21320	CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; WITH STABILIZATION	1	0	0	1	0.66041667
CPT	21685	HYOID MYOTOMY AND SUSPENSION	1	0	0	1	0.05082176
CPT	21899	UNLISTED PROCEDURE, NECK OR THORAX	1	0	0	1	0.11140046
CPT	22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; LUMBAR	1	0	0	1	0.01619213
CPT	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	1	0	0	1	0.14251157
CPT	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	1	0	0	1	0.07445602
CPT	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/ OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	1	0	0	1	0.04791667
CPT	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/ OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE AND SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.05450231
CPT	22830	EXPLORATION OF SPINAL FUSION	1	0	0	1	0.14251157
CPT	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.14251157
CPT	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.14251157
CPT	22855	REMOVAL OF ANTERIOR INSTRUMENTATION	1	0	0	1	0.73459491
CPT	22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTINGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.19416667
CPT	22860	TOTAL DISC ARTHROPLASTY ARTIFICIAL DISC ANTERIOR APPROACH INCLUDING DISCECTOMY TO PREPARE INTERSPACE OTHER THAN FOR DECOMPRESSION SECOND INTERSPACE LUMBAR LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	1	0	0	1	0.05115741
CPT	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	1	0	0	1	0.73459491
CPT	26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;	1	0	0	1	0.01726852

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	26341	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION (EG, COLLAGENASE), SINGLE CORD	1	0	0	1	0.14577546
CPT	26989	UNLISTED PROCEDURE, HANDS OR FINGERS	1	0	0	1	0.01726852
CPT	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	1	0	0	1	0.14609954
CPT	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	1	0	0	1	0.13951389
CPT	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (E.G., MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT[S])	1	0	0	1	0.04561343
CPT	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	1	0	0	1	0.14609954
CPT	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	1	0	0	1	0.03072917
CPT	28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	1	0	0	1	0.02893519
CPT	28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	1	0	0	1	0.02893519
CPT	29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	1	0	0	1	0.10914535
CPT	29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	1	0	0	1	0.08971065
CPT	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.08971065
CPT	29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	1	0	0	1	0.04561343
CPT	29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURE	1	0	0	1	0.04561343
CPT	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	1	0	0	1	0.05801222
CPT	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	1	0	0	1	0.7925
CPT	30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	1	0	0	1	0.06400463
CPT	30469	REPAIR OF NASAL VALVE COLLAPSE WITH LOW ENERGY TEMPERATURE CONTROLLED IE RADIOFREQUENCY SUBCUTANEOUS SUBMUCOSAL REMODELING	0	1	0	1	0.20960648
CPT	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL).	1	0	0	1	0.04666667
CPT	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	1	0	0	1	0.14393519
CPT	31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	1	0	0	1	0.88384259
CPT	31242	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DESTRUCTION BY RADIOFREQUENCY ABLATION, POSTERIOR NASAL NERVE	0	1	0	1	0.20960648

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CPT	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	1	0	0	1	1.08753472
CPT	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	1	0	0	1	0.18485918
CPT	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM(EG, BALLOON DILATION)	1	0	0	1	0.90511574
CPT	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL AND SPHENOID SINUS OSTIA	1	0	0	1	0.18485918
CPT	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.11140046
CPT	33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), LIMITED (E.G., MODIFIED MAZE PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	1	0	0	1	0.65180556
CPT	33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (E.G., MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.65180556
CPT	33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRAIL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.11459491
CPT	33361	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	1	0	0	1	0.09780093
CPT	33362	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN FEMORAL ARTERY APPROACH	1	0	0	1	0.09780093
CPT	33363	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN AXILLARY ARTERY APPROACH	1	0	0	1	0.09780093
CPT	33364	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH	1	0	0	1	0.09780093
CPT	33365	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAORTIC APPROACH (EG, MEDIAN STERNOTOMY, MEDIASTINOTOMY)	1	0	0	1	0.09780093
CPT	33366	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAPICAL EXPOSURE (EG, LEFT THORACOTOMY)	1	0	0	1	0.09780093
CPT	33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	1	0	0	1	0.65180556
CPT	33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	1	0	0	1	0.65180556
CPT	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.65180556

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1 SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE, ENDOSCOPIC	1	0	0	1	0.65180556
CPT	33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	1	0	0	1	0.65180556
CPT	33511	CORONARY ARTERY BYPASS, VEIN ONLY; 2 CORONARY VENOUS GRAFTS	1	0	0	1	0.65180556
CPT	33512	CORONARY ARTERY BYPASS, VEIN ONLY; 3 CORONARY VENOUS GRAFTS	1	0	0	1	0.65180556
CPT	33513	CORONARY ARTERY BYPASS, VEIN ONLY; 4 CORONARY VENOUS GRAFTS	1	0	0	1	0.65180556
CPT	33514	CORONARY ARTERY BYPASS, VEIN ONLY; 5 CORONARY VENOUS GRAFTS	1	0	0	1	0.65180556
CPT	33516	CORONARY ARTERY BYPASS, VEIN ONLY; 6 OR MORE CORONARY VENOUS GRAFTS	1	0	0	1	0.65180556
CPT	33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.65180556
CPT	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); 2 VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.65180556
CPT	33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); 3 VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.65180556
CPT	33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); 4 VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.65180556
CPT	33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); 5 VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.65180556
CPT	33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); 6 OR MORE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.65180556
CPT	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	1	0	0	1	0.65180556
CPT	33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); 2 CORONARY ARTERIAL GRAFTS	1	0	0	1	0.65180556
CPT	33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); 3 CORONARY ARTERIAL GRAFTS	1	0	0	1	0.65180556
CPT	33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); 4 OR MORE CORONARY ARTERIAL GRAFTS	1	0	0	1	0.65180556
CPT	33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	1	0	0	1	0.07275463
CPT	36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	0	0	1	1	0.17024306
CPT	36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHEOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.14357639
CPT	36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHEOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.14357639

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHEOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.14357639
CPT	36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)	1	0	0	1	0.14357639
CPT	37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S) FOR OCCLUSIVE DISEASE, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL , WHEN PERFORMED; INITIAL ARTERY	1	0	0	1	0.14357639
CPT	37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S) FOR OCCLUSIVE DISEASE, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.14357639
CPT	37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; INITIAL VEIN	0	0	1	1	0.17024306
CPT	37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	1	1	0.17024306
CPT	37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; ARTERIAL, OTHER THAN HEMORRHAGE OR TUMOR (EG, CONGENITAL OR ACQUIRED ARTERIAL MALFORMATIONS, ARTERIOVENOUS MALFORMATIONS, ARTERIOVENOUS FISTULAS, ANEURYSMS, PSEUDOANEURYSMS)	1	0	0	1	0.14357639
CPT	37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE, INTRACRANIAL, CORONARY, PULMONARY, OR DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY; INITIAL ARTERY	1	0	0	1	0.14357639
CPT	37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; INITIAL VEIN	0	0	1	1	0.17024306

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	1	1	0.17024306
CPT	38100	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	1	0	0	1	0.54144676
CPT	38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS	1	0	0	1	0.25230324
CPT	38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND STORAGE	1	0	0	1	0.25230324
CPT	38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME) DEPLETION	1	0	0	1	0.25230324
CPT	38220	DIAGNOSTIC BONE MARROW; ASPIRATION(S)	1	0	0	1	0.26924769
CPT	42830	ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12	0	1	0	1	0.10084491
CPT	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	0	1	0	1	0.10084491
CPT	42835	ADENOIDECTOMY, SECONDARY; YOUNGER THAN AGE 12	0	1	0	1	0.10084491
CPT	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	0	1	0	1	0.10084491
CPT	43239	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	1	0	0	1	1.01550926
CPT	43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	1	0	0	1	1.01550926
CPT	43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE) (SEPARATE PROCEDURE)	0	1	0	1	0.10084491
CPT	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	1	0	0	1	0.04575231
CPT	43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	1	0	0	1	0.15570602
CPT	43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSORPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)	1	0	0	1	0.77398148
CPT	44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY	1	0	0	1	0.03489583
CPT	44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	1	0	0	1	0.03489583
CPT	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.77172454
CPT	45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	1	0	0	1	0.77172454
CPT	45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	1	0	0	1	0.69227372
CPT	46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	1	0	0	1	0.21849537
CPT	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	1	0	0	1	0.14357639

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY (S) (SEPARATE PROCEDURE)	1	0	0	1	0.54144676
CPT	49190	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL,MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR(S) OR CYST(S),SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S); GREATER THAN 30 CM	1	0	0	1	0.54144676
CPT	49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	1	0	0	1	0.036875
CPT	49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	1	0	0	1	0.05137731
CPT	49591	REPAIR OF ANTERIOR ABDOMINAL HERNIAS IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN ANY APPROACH IE OPEN LAPAROSCOPIC ROBOTIC INITIAL INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECTS LESS THAN 3 CM REDUCIBLE	1	0	0	1	0.036875
CPT	49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	1	0	0	1	0.01326389
CPT	50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND REMOVAL OF PERINEPHRIC FAT AND PREPARATION OF URETER(S), RENAL VEIN(S), AND RENAL ARTERY(S), LIGATING BRANCHES, AS NECESSARY	1	0	0	1	0.05296741
CPT	52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDER TUMOR(S)	1	0	0	1	0.96679398
CPT	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	1	0	0	1	0.01295139
CPT	54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM.	0	1	0	1	0.10084491
CPT	54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM.	0	1	0	1	0.10084491
CPT	55874	TRANSPERINEAL PLACEMENT OF BIODEGRADEABLE MATERIAL, PERIPROSTATIC, SINGLE OR MULTIPLE INJECTION(S), INCLUDING IMAGE GUIDANCE, WHEN PERFORMED	1	0	0	1	0.54980324
CPT	56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); 1 LESION	1	0	0	1	0.01659722
CPT	57135	EXCISION OF VAGINAL CYST OR TUMOR	1	0	0	1	0.08125
CPT	57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	1	0	0	1	0.01659722
CPT	57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED;	1	0	0	1	0.09363426
CPT	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	1	0	0	1	0.80735911
CPT	58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	1	0	0	1	0.54144676
CPT	58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	0	0	1	1	0.14758102
CPT	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	1	0	0	1	0.09363426

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CPT	58554	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	1	0	0	1	0.09759259
CPT	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	1	0	0	1	0.01295139
CPT	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERECTOMY FOR RESECTION OF MALIGNANCY (TUMOR DEBULKING), WITH OMENTECTOMY INCLUDING SALPINGO-OOPHORECTOMY, UNILATERAL OR BILATERAL, WHEN PERFORMED	1	0	0	1	0.03005787
CPT	58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	1	0	0	1	0.10611111
CPT	58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	1	0	0	1	0.12902778
CPT	59015	CHORIONIC VILLUS SAMPLING; ANY METHOD	1	0	0	1	1.73478009
CPT	60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	0	0	1	1	0.09775463
CPT	61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO A SINGLE ELECTRODE ARRAY	1	0	0	1	0.04012731
CPT	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	1	0	0	1	2.15063657
CPT	62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	1	0	0	1	0.13314815
CPT	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBER OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE	0	1	0	1	0.10084491
CPT	63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), 1 OR 2 VERTEBRAL SEGMENTS; CERVICAL	1	0	0	1	0.05740741
CPT	63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; THORACIC	1	0	0	1	0.0303588
CPT	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; LUMBAR	1	0	0	1	0.08421296
CPT	63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, THORACIC	1	0	0	1	0.11585648
CPT	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	1	0	0	1	0.02012731
CPT	63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY	1	0	0	1	0.12709491
CPT	64430	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; PUDENDAL NERVE	0	1	0	1	0.10084491
CPT	64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (EG MORTON'S NEUROMA)	0	0	1	1	2.56444657

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CPT	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	1	0	0	1	0.52837963
CPT	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.52837963
CPT	64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	0	0	1	1	0.76554398
CPT	64581	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	1	0	0	1	0.02712963
CPT	64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	1	0	0	1	1.00922454
CPT	64595	REVISION OR REMOVAL OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY	1	0	0	1	1.00922454
CPT	64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (E.G., FOR BLEPHAROSPASM, HEMIFACIAL SPASM)	1	0	0	1	1.19789352
CPT	64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	1	0	0	1	0.05975694
CPT	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	1	0	0	1	0.10131944
CPT	64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	1	0	0	1	0.82792731
CPT	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	1	0	0	1	2.2213475
CPT	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	1	0	0	1	0.04449074
CPT	65400	EXCISION LESION CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	1	0	0	1	1.21666667
CPT	65435	REMOVAL CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE)	1	0	0	1	1.21666667
CPT	67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	1	0	0	1	1.71261574
CPT	67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE; PHOTOCOAGULATION	1	0	0	1	0.11579861
CPT	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)	1	0	0	1	0.23306713
CPT	69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	0	1	0	1	0.10084491
CPT	69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	1	0	0	1	0.21730324
CPT	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILATION); UNILATERAL	1	0	0	1	0.11392361
CPT	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	1	0	0	1	0.04465278
CPT	70486	COMPUTERIZED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.10501157

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CPT	71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	0	1	0	1	2.88517361
CPT	71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	1	0	0	1	0.14357639
CPT	71260	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITH CONTRAST MATERIAL(S)	0	1	0	1	2.88517361
CPT	71270	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	0	1	0	1	2.88517361
CPT	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	1	0	0	1	0.09613426
CPT	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.026875
CPT	73718	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	1	0	0	1	0.68623843
CPT	74160	COMPUTERIZED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	0	1	0	1	2.88517361
CPT	74183	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	0	1	0	1	2.88517361
CPT	75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LEFT VENTRICULAR [LV] CARDIAC FUNCTION, RIGHT VENTRICULAR [RV] STRUCTURE AND FUNCTION AND EVALUATION OF VASCULAR STRUCTURES, IF PERFORMED)	1	0	0	1	0.70981481
CPT	75580	NONINVASIVE ESTIMATE OF CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF THE DATA SET FROM A CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY, WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	0	0	1	1	0.71260417
CPT	75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.14357639
CPT	75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.14357639
CPT	75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.14357639
CPT	75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	0	0	1	1	0.17024306
CPT	75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	0	0	1	1	0.17024306
CPT	75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	0	0	1	1	0.17024306
CPT	75889	HEPATIC VENOGRAPHY WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.14357639
CPT	75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.14357639

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CPT	76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION	0	1	0	1	0.08753472
CPT	76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, DOCUMENTATION OF SELECTED VESSEL PATENCY, CONCURRENT REALTIME ULTRASOUND VISUALIZATION OF VASCULAR NEEDLE ENTRY, WITH PERMANENT RECORDING AND REPORTING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	1	1	0.17096081
CPT	76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISON AND INTERPRETATION	1	0	0	1	1.73478009
CPT	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	1	0	0	1	0.65180556
CPT	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	0	1	0	1	0.88944444
CPT	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)	0	1	0	1	0.88944444
CPT	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	0	0	1	1	0.9118287
CPT	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	1	0	0	1	0.80349537
CPT	77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	0	0	1	1	0.12457456
CPT	78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	1	0	0	1	0.09586806
CPT	78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (E.G., CHEST,HEAD/NECK)	0	0	1	1	0.74945602
CPT	78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)	0	0	1	1	0.17109954
CPT	80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, TOTAL (82310) CARBON DIOXIDE (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) POTASSIUM (84132) SODIUM (84295) UREA NITROGEN (BUN) (84520)	1	0	0	1	0.03820602
CPT	81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSIN KINASE) (EG, ACQUIRED IMATINIB TYROSINE KINASE INHIBITOR RESISTANCE), GENEN ANALYSIS, VARIANTS IN THE KINASE DOMAIN	1	0	0	1	0.85293981
CPT	81210	BRAF (B-RAF PROTO-ONCOGENE, SERINE/THREONINE KINASE) (EG, COLON CANCER), GENE ANALYSIS, V600E VARIANT(S)	1	0	0	1	1.76791639
CPT	81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	0	0	1	1	0.20772712

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CPT	81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR) (EG, NON-SMALL CELL LUNG CANCER) GENE ANALYSIS, COMMON VARIANTS (EG, EXON 19 LREA DELETION, L858R, T790M, G719A, G719S, L861Q)	0	1	0	1	0.95745322
CPT	81249	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; FULL GENE SEQUENCE	0	0	1	1	0.08332176
CPT	81263	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARIABLE REGION SOMATIC MUTATION ANALYSIS	1	0	0	1	0.08400463
CPT	81275	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; VARIANTS IN EXON 2 (EG, CODONS 12 AND 13)	0	1	0	1	0.95745322
CPT	81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	1	1	0.22165249
CPT	81309	PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BIPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA) (EG, COLORECTAL AND BREAST CANCER) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, EXONS 7, 9, 20)	1	0	0	1	0.57099537
CPT	81332	SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTITRYPSIN, MEMBER 1) (EG, ALPHA-1-ANTITRYPSIN DEFICIENCY), GENE ANALYSIS, COMMON VARIANTS (EG, *S AND *Z)	0	0	1	1	0.29167824
CPT	81336	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	1	1	0.77166667
CPT	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10	0	0	1	1	0.95845086
CPT	81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)	0	0	1	1	0.18481594
CPT	81371	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, AND -DRB1 (EG, VERIFICATION TYPING)	1	0	0	1	0.09324074
CPT	81376	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH	1	0	0	1	0.09324074
CPT	81378	HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA-A, -B, -C, AND -DRB1	1	0	0	1	0.09324074
CPT	81379	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE, HLA-A, -B, AND -C)	1	0	0	1	0.09324074
CPT	81380	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH	1	0	0	1	0.09324074
CPT	81382	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH	1	0	0	1	0.09324074
CPT	81383	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, HLA-DQB1*06:02P), EACH	1	0	0	1	0.09324074
CPT	81418	DRUG METABOLISM EG PHARMACOGENOMICS GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE TESTING OF AT LEAST 6 GENES INCLUDING CYP2C19 CYP2D6 AND CYP2D6 DUPLICATION DELETION ANALYSIS	0	0	1	1	0.12080046

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CPT	81442	NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, CARDIO-FACIO-CUTANEOUS SYNDROME, COSTELLO SYNDROME, LEOPARD SYNDROME, NOONAN-LIKE SYNDROME), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 12 GENES, INCLUDING BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, AND SOS1	0	0	1	1	0.22165249
CPT	81448	HEREDITARY PERIPHERAL NEUROPATHIES (EG, CHARCOT-MARIE-TOOTH, SPASTIC PARAPLEGIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 PERIPHERAL NEUROPATHY-RELATED GENES (EG, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	0	0	1	1	0.163125
CPT	81450	HEMATOLYMPHOID NEOPLASM OR DISORDER, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS	0	0	1	1	0.28570602
CPT	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME, MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS, AND STROKE-LIKE EPISODES [MELAS], MYOCLONIC EPILEPSY WITH RAGGED-RED FIBERS [MERFF], NEUROPATHY, ATAXIA, AND RETINITIS PIGMENTOSA [NARP], LEBER HEREDITARY OPTIC NEUROPATHY [LHON]), GENOMIC SEQUENCE, MUST INCLUDE SEQUENCE ANALYSIS OF ENTIRE MITOCHONDRIAL GENOME WITH HETEROPLASMY DETECTION	1	0	0	1	0.14319444
CPT	81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (EG, KEARNS-SAYRE SYNDROME, CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA), INCLUDING HETEROPLASMY DETECTION, IF PERFORMED	1	0	0	1	0.14319444
CPT	81518	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY	0	0	1	1	0.03965278
CPT	81539	ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN KALLIKREIN-2 [HK2]), UTILIZING PLASMA OR SERUM, PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE	1	0	0	1	0.35319013
CPT	81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	0	0	1	1	2.76617889
CPT	82103	ALPHA-1-ANTITRYPSIN; TOTAL	0	0	1	1	0.29167824
CPT	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	0	0	1	1	0.29167824
CPT	82172	APOLIPOPROTEIN, EACH	0	0	1	1	0.08958333
CPT	82525	COPPER	1	0	0	1	0.71459491
CPT	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFIED; NONRADIOACTIVE SUBSTRATE, EACH SPECIMEN	0	0	1	1	0.13606481
CPT	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA, IGD, IGG, IGM, EACH	1	0	0	1	0.57097222
CPT	83630	LACTOFERRIN, FECAL; QUALITATIVE	1	0	0	1	0.10242549
CPT	83735	MAGNESIUM	1	0	0	1	1.84975694
CPT	84100	PHOSPHORUS INORGANIC (PHOSPHATE);	1	0	0	1	1.84975694

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	84439	THYROXINE; FREE	1	0	0	1	0.60300926
CPT	84443	THYROID STIMULATING HORMONE (TSH)	1	0	0	1	0.60300926
CPT	85097	BONE MARROW, SMEAR INTERPRETATION	1	0	0	1	0.26924769
CPT	85240	CLOTTING; FACTOR VIII (AHG), 1-STAGE	0	1	0	1	2.09976852
CPT	85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III ANTIGEN ASSAY	0	1	0	1	2.09976852
CPT	85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	1	0	0	1	0.21288194
CPT	86038	ANTINUCLEAR ANTIBODIES (ANA);	1	0	0	1	0.60300926
CPT	86039	ANTINUCLEAR ANTIBODIES (AMA); TITER	1	0	0	1	0.60300926
CPT	86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	1	0	0	1	0.60300926
CPT	86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM, RNP, SC170, J01), EACH ANTIBODY	1	0	0	1	0.60300926
CPT	86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBODY	1	0	0	1	0.60300926
CPT	86431	RHEUMATOID FACTOR; QUANTITATIVE	1	0	0	1	0.60300926
CPT	87328	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE, (EG, ENZYME IMMUNOASSAY [EIA], ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA], FLUORESCENCE IMMUNOASSAY [FIA], IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE; CRYPTOSPORIDIUM	1	0	0	1	0.10242549
CPT	87507	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHOGEN (EG, CLOSTRIDIUM DIFFICILE, E. COLI, SALMONELLA, SHIGELLA, NOROVIRUS, GIARDIA), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TARGETS	1	0	0	1	1.85193091
CPT	87535	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, AMPLIFIED PROBE TECHNIQUE, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED	1	0	0	1	0.78260417
CPT	87538	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, AMPLIFIED PROBE TECHNIQUE, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED	1	0	0	1	0.78260417
CPT	87899	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE, VISUAL) OBSERVATION; NOT OTHERWISE SPECIFIED	1	0	0	1	0.10242549
CPT	88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS	1	0	0	1	1.73478009
CPT	88267	CHROMOSOME ANALYSIS; AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1 KARYOTYPE, WITH BANDING	1	0	0	1	1.73478009
CPT	88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	1	0	0	1	0.12121528
CPT	88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	1	0	0	1	0.10451791
CPT	88331	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH FROZEN SECTION(S), SINGLE SPECIMEN	0	1	0	1	0.99222705

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CPT	88361	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/ NEU, ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR), QUANTITATIVE OR SEMIQUANTITATIVE, PER SPECIMEN, EACH SINGLE ANTIBODY STAIN PROCEDURE; USING COMPUTER-ASSISTED TECHNOLOGY	1	0	0	1	0.07329671
CPT	91125	ANORECTAL MANOMETRY, WITH RECTAL SENSATION AND RECTAL BALLOON EXPULSIONTEST, WHEN PERFORMED	1	0	0	1	0.168283
CPT	92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	1	0	0	1	0.14357639
CPT	92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.14357639
CPT	93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; WITH SUPERVISION, INTERPRETATION AND REPORT	0	1	0	1	2.88517361
CPT	93242	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)	1	0	0	1	1.93701389
CPT	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE	0	1	0	1	2.88517361
CPT	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	0	1	0	1	2.88517361
CPT	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT;	0	1	0	1	2.88517361
CPT	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	0	1	0	1	2.88517361
CPT	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION	0	1	0	1	2.88517361
CPT	93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT HEART CATHETERIZATION	0	1	0	1	2.88517361
CPT	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY,, WHEN PERFORMED	0	1	0	1	2.88517361
CPT	93567	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR SUPRAVALVULAR AORTOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.14357639

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CPT	93568	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR NONSELECTIVE PULMONARY ARTERIAL ANGIOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.14357639
CPT	93596	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S); NORMAL NATIVE CONNECTIONS	1	0	0	1	0.14357639
CPT	93597	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S); ABNORMAL NATIVE CONNECTIONS	1	0	0	1	0.14357639
CPT	93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND INTERMITTENT BLOOD PRESSURE MONITORING, WITH OR WITHOUT PHARMACOLOGICAL INTERVENTION	1	0	0	1	0.71068287
CPT	93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION, INCLUDING IMAGING SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.06011574
CPT	94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION	1	0	0	1	0.72008102
CPT	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY RESISTANCE	0	1	0	1	2.88517361
CPT	94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES	0	1	0	1	2.88517361
CPT	94728	AIRWAY RESISTANCE BY OSCILLOMETRY	0	1	0	1	2.88517361
CPT	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1	0	0	1	0.09875
CPT	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	1	0	0	1	0.14936343
CPT	95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	0	1	0	1	0.13885417
CPT	95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.19612269
CPT	95924	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; COMBINED PARASYMPATHETIC AND SYMPATHETIC ADRENERGIC FUNCTION TESTING WITH AT LEAST 5 MINUTES OF PASSIVE TILT	1	0	0	1	0.74646991

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.11585648
CPT	95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM(E.G., RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM,BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING,IMPEDANCE AND PATIENT MEASUREMENTS) GASTRIC NEUROSTIMULATOR PULSEGENERATOR/TRANSMITTER; INTRAOPERATIVE, WITH PROGRAMMING	1	0	0	1	0.1290625
CPT	96041	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTALTIME PROVIDED BY THE GENETIC COUNSELOR ON THE DATE OF THE ENCOUNTER	1	0	0	1	1.73478009
CPT	96374	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	1	0	0	1	0.03053241
CPT	96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	1	0	0	1	1.10363426
CPT	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	1	0	0	1	0.70921296
CPT	96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE	1	0	0	1	2.15063657
CPT	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	1	0	0	1	0.39532157
CPT	97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	1	0	0	1	1.65440227
CPT	97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE-ON-ONE) PATIENT CONTACT; INITIAL 15 MINUTES	1	0	0	1	1.1325463
CPT	97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	1	0	0	1	0.85440421
CPT	97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: -A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE -AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES IN ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; -AN EVOLVING CLINICAL PRESENTATION WITH CHANGING CHARACTERISTICS; AND -CLINICAL DECISION MAKING OF MODERATE COMLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	1	0	0	1	0.72008102
CPT	98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3 TO 4 REGIONS	1	0	0	1	0.16519309

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CPT	99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED)	1	0	0	1	0.10501157
CPT	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	1	0	0	1	0.67925926
CPT	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 30 MINUTES MUST BE MET OR EXCEEDED.	1	0	0	1	0.03331019
CPT	99245	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 55 MINUTES MUST BE MET OR EXCEEDED.	1	0	0	1	0.72008102
CPT	99607	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	1	0	0	1	0.84648148
HCPCS	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS1)	0	0	1	1	0.81743056
HCPCS	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	0	0	1	1	0.81743056
HCPCS	A0434	SPECIALTY CARE TRANSPORT (SCT)	0	0	1	1	0.81743056
HCPCS	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	0	0	1	1	0.81743056
HCPCS	A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	1	0	0	1	0.82241898
HCPCS	A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	1	0	0	1	0.7603588
HCPCS	A4245	ALCOHOL WIPES, PER BOX (100)	1	0	0	1	0.77990741
HCPCS	A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	0	1	0	1	0.03336806
HCPCS	A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING(TEFLON, SILICONE, OR SILICONE ELASTOMERIC, ETC.), EACH	0	1	0	1	0.03336806
HCPCS	A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OUNCE.	1	0	0	1	0.77990741
HCPCS	A4402	LUBRICANT, PER OUNCE	1	0	0	1	0.77990741
HCPCS	A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	1	0	0	1	0.77990741
HCPCS	A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	1	0	0	1	0.77990741
HCPCS	A4554	DISPOSABLE UNDERPADS, ALL SIZES	0	1	0	1	0.03336806
HCPCS	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	0.72146991

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HCPCS	A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	1	0	0	1	0.77990741
HCPCS	A5120	SKIN BARRIER, WIPES OR SWABS, EACH	1	0	0	1	0.77990741
HCPCS	A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	1	0	0	1	0.77990741
HCPCS	A6521	GRADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	1	0	0	1	0.81269676
HCPCS	A6523	GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	1	0	0	1	0.81269676
HCPCS	A6529	GRADIENT COMPRESSION GARMENT, BRA, FOR NIGHTTIME USE, CUSTOM, EACH	1	0	0	1	0.81269676
HCPCS	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	1	0	0	1	0.72146991
HCPCS	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	1	0	0	1	0.72146991
HCPCS	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	0.72146991
HCPCS	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	0.72146991
HCPCS	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	1	0	0	1	0.72146991
HCPCS	A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	1	0	0	1	0.77990741
HCPCS	A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	1	0	0	1	0.77990741
HCPCS	A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	1	0	0	1	0.77990741
HCPCS	A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	1	0	0	1	0.77990741
HCPCS	A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	1	0	0	1	0.77990741
HCPCS	A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	1	0	0	1	0.77990741
HCPCS	A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	1	0	0	1	0.77990741
HCPCS	A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	0	0	1	1	0.23866898
HCPCS	A9584	IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	1	0	0	1	0.09586806
HCPCS	A9596	GALLIUM GA-68 GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	1	0	0	1	0.06550926
HCPCS	A9608	FLOTUFOLASTAT F18, DIAGNOSTIC, 1 MILLICURIE	1	0	0	1	0.03263889
HCPCS	A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	0	1	0	1	0.07975694
HCPCS	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	1	0	0	1	0.04777778
HCPCS	C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE) (FOR FACILITY CLAIMS ONLY)	1	0	0	1	0.10501157
HCPCS	C1776	JOINT DEVICE (IMPLANTABLE)	1	0	0	1	0.14180556
HCPCS	C1781	MESH (IMPLANTABLE)	1	0	0	1	0.036875

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	C1874	STENT, COATED/COVERED, WITH DELIVERY SYSTEM	1	0	0	1	0.12790569
HCPCS	C9257	INJECTION, BEVACIZUMAB, 0.25 MG	1	0	0	1	0.07555556
HCPCS	C9308	INJECTION, CARBOPLATIN (AVYXA), 1 MG	1	0	0	1	0.13746528
HCPCS	D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	1	0	0	1	0.18685685
HCPCS	D9222	ADMINISTRATION OF DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTEINCREMENT, OR ANY PORTION THEREOF WITH OR WITHOUT CO-ADMINISTRATION OFNITROUS OXIDE	1	0	0	1	0.18685685
HCPCS	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	0	1	0	1	0.07975694
HCPCS	E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	0	1	0	1	0.07975694
HCPCS	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	0	0	1	1	0.04273148
HCPCS	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	0	0	1	1	0.04273148
HCPCS	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	1	0	0	1	0.0296412
HCPCS	E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	1	0	0	1	0.10368056
HCPCS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	0.72146991
HCPCS	E0570	NEBULIZER, WITH COMPRESSOR	1	0	0	1	0.0296412
HCPCS	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	1	0	0	1	0.72146991
HCPCS	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	1	0	0	1	0.79480324
HCPCS	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	1	0	0	1	0.02059028
HCPCS	E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	1	0	0	1	0.2230787
HCPCS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	0	1	0	1	0.20421296
HCPCS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	1	0	0	1	2.93664352
HCPCS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	1	0	0	1	2.93664352
HCPCS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	1	0	0	1	2.93664352
HCPCS	E0986	MANUAL WHEELCHAIR ACCESSORY, POWER ASSIST SYSTEM	0	1	0	1	0.20421296
HCPCS	E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	1	0	0	1	2.93664352
HCPCS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	0	0	1	1	0.2615625
HCPCS	E1032	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE USED WITH JOYSTICK OR OTHER DRIVE CONTROL INTERFACE	1	0	0	1	2.93664352

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HCPCS	E1033	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE FOR HEADREST, CUSHIONED, ANY TYPE	1	0	0	1	2.93664352
HCPCS	E1034	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE FOR LATERAL TRUNK OR HIP SUPPORT, ANY TYPE	1	0	0	1	2.93664352
HCPCS	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	0	1	0	1	0.07975694
HCPCS	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	1	0	0	1	0.0296412
HCPCS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	0	1	0	1	0.20421296
HCPCS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	0	0	1	1	0.2615625
HCPCS	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	0	1	0	1	0.20421296
HCPCS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	0	0	1	1	0.2615625
HCPCS	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	0	1	0	1	0.20421296
HCPCS	E2298	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	1	0	0	1	2.93664352
HCPCS	E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	1	0	0	1	2.93664352
HCPCS	E2359	POWER WHEELCHAIR ACESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	1	0	0	1	0.38340278
HCPCS	E2361	POWER WHEELCHAIR ACCESSORY 22NF SEALED LEAD ACID BATTERY, EACH, (E.G., GEL CELL, ABSORBED GLASSMAT)	1	0	0	1	2.93664352
HCPCS	E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	1	0	0	1	1.29640046
HCPCS	E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	1	0	0	1	1.29640046
HCPCS	E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	1	0	0	1	1.29640046
HCPCS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	0	1	0	1	0.20421296
HCPCS	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	1	0	0	1	0.67925926
HCPCS	J0135	INJECTION, ADALIMUMAB, 20 MG	0	0	1	1	0.079382
HCPCS	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	0	0	1	1	0.02219907
HCPCS	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG" TO INSTEAD READ,"INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG	0	0	1	1	0.02219907
HCPCS	J0475	INJECTION, BACLOFEN, 10 MG	1	0	0	1	1.02584769

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HCPCS	J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	1	0	0	1	0.16140046
HCPCS	J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG	1	0	0	1	0.18548611
HCPCS	J0577	INJECTION, BUPRENORPHINE EXTENDEDRELEASE (BRIXADI), LESS THAN OR EQUAL TO 7 DAYS OF THERAPY	1	0	0	1	1.75294976
HCPCS	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	1	0	0	1	0.19612269
HCPCS	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	0	0	1	1	0.87428491
HCPCS	J0589	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	1	0	0	1	0.19612269
HCPCS	J0739	INJECTION, CABOTEGRAVIR, 1MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)	0	0	1	1	0.99672454
HCPCS	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	1	0	0	1	0.81043981
HCPCS	J0888	INJECTION, EPOETIN BETA, 1 MCG, (FOR NON-ESRD USE)	0	1	0	1	2.83392096
HCPCS	J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	0	0	1	1	0.90070602
HCPCS	J1306	INJECTION, INCLISIRAN, 1 MG	1	0	0	1	0.73246528
HCPCS	J1434	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	1	0	0	1	0.76276707
HCPCS	J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	1	0	0	1	0.09284722
HCPCS	J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	0	0	1	1	0.91732639
HCPCS	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	1	0	0	1	1.09060185
HCPCS	J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	1	0	0	1	1.04150463
HCPCS	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG.	1	0	0	1	0.11356481
HCPCS	J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	1	0	0	1	0.13333333
HCPCS	J1744	INJECTION, ICATIBANT, 1 MG	0	0	1	1	2.60215278
HCPCS	J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	1	0	0	1	0.03171296
HCPCS	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0	0	1	1	1.02866898
HCPCS	J2060	INJECTION, LORAZEPAM, 2 MG	0	1	0	1	0.13270833
HCPCS	J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	1	0	0	1	0.95820948
HCPCS	J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	0	1	0	1	0.13270833
HCPCS	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	0	1	0	1	0.13270833
HCPCS	J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	0	0	1	1	0.02202546
HCPCS	J2516	INJECTION, PENTAMIDINE ISETHIONATE, 1 MG	1	0	0	1	0.14767361
HCPCS	J2562	INJECTION, PLERIXAFOR, 1 MG	1	0	0	1	1.09060185
HCPCS	J2787	RIBOFLAVIN 5'-PHOPHATE OPHTHALMIC SOLUTION, UP TO 3 ML	1	0	0	1	0.0537037
HCPCS	J2799	INJECTION, RISPERIDONE (UZEDY), 1 MG	0	0	1	1	0.02212963

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HCPCS	J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	1	0	0	1	0.13394676
HCPCS	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	0	0	1	1	2.6553125
HCPCS	J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	1	0	0	1	0.59873843
HCPCS	J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	1	0	0	1	0.59873843
HCPCS	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	1	0	0	1	0.75273148
HCPCS	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	1	0	0	1	3.13888889
HCPCS	J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	1	0	0	1	0.1737963
HCPCS	J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG	0	0	1	1	0.76883102
HCPCS	J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 5 YEAR DURATION	0	0	1	1	0.80274306
HCPCS	J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	0	0	1	1	0.99966435
HCPCS	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	1	0	0	1	0.78944444
HCPCS	J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	1	0	0	1	0.06930556
HCPCS	J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	1	0	0	1	0.17943287
HCPCS	J7351	INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	1	0	0	1	0.06365741
HCPCS	J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	1	0	0	1	0.10700231
HCPCS	J7601	ENSIFENTRINE INH 3 MG	0	0	1	1	0.48184028
HCPCS	J8520	CAPECITABINE, ORAL, 150 MG	1	0	0	1	0.76564815
HCPCS	J8521	CAPECITABINE, ORAL, 500 MG	1	0	0	1	0.16620981
HCPCS	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	1	0	0	1	0.19466435
HCPCS	J9025	INJECTION, AZACITIDINE, 1 MG	1	0	0	1	0.17693287
HCPCS	J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	1	0	0	1	2.83451576
HCPCS	J9035	INJECTION, BEVACIZUMAB 10 MG	1	0	0	1	0.07833333
HCPCS	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROMEDICS), 5 MG	1	0	0	1	0.31979227
HCPCS	J9172	MGINJECTION, DOCETAXEL (DOCIVYX), 1 MG	1	0	0	1	0.13746528
HCPCS	J9174	INJECTION, DOCETAXEL (BEIZRAY), 1 MG	1	0	0	1	0.13746528
HCPCS	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG.	1	0	0	1	0.90403935
HCPCS	J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	1	0	0	1	0.76996528
HCPCS	J9260	INJECTION, METHOTREXATE SODIUM, 50 MG	1	0	0	1	0.03053241
HCPCS	J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG	1	0	0	1	0.2347144
HCPCS	J9274	INJECTION, TEBENTAFUSP-TEBN, 1 MICROGRAM	1	0	0	1	0.4216088

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HCPCS	J9305	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	0	1	0	1	0.22016204
HCPCS	J9308	INJECTION, RAMUCIRUMAB, 5 MG	1	0	0	1	0.12533565
HCPCS	J9334	INJECTION, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	1	0	0	1	0.32841435
HCPCS	J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	1	0	0	1	0.29796296
HCPCS	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	1	0	0	1	0.13746528
HCPCS	J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	1	0	0	1	0.81947917
HCPCS	K0003	LIGHTWEIGHT WHEELCHAIR	0	1	0	1	0.07975694
HCPCS	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	1	0	0	1	0.04048611
HCPCS	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	1	0	0	1	0.04048611
HCPCS	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	0	1	0	1	0.07975694
HCPCS	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1	0	0	1	2.93664352
HCPCS	L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	0	0	1	0.0219213
HCPCS	L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	1	0	0	1	0.08421296
HCPCS	L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	1	0	0	1	0.1137037
HCPCS	L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	1	0	0	1	0.1137037
HCPCS	L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	1	0	0	1	0.1137037
HCPCS	L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	1	0	0	1	0.1137037
HCPCS	L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR PTB, AFO ORTHOSES)	1	0	0	1	0.1137037
HCPCS	L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED	1	0	0	1	0.1137037
HCPCS	L2820	ADDITION TO LOWER EXTREMITY, ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	1	0	0	1	0.1137037
HCPCS	L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	1	0	0	1	0.94311343

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HCPCS	L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	1	0	0	1	0.94311343
HCPCS	L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	1	0	0	1	0.94311343
HCPCS	L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW	1	0	0	1	0.94311343
HCPCS	L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	1	0	0	1	0.94311343
HCPCS	L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	0	0	1	0.94311343
HCPCS	L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	1	0	0	1	0.94311343
HCPCS	L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	1	0	0	1	0.94311343
HCPCS	L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	1	0	0	1	0.94311343
HCPCS	L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	1	0	0	1	0.94311343
HCPCS	L8500	ARTIFICIAL LARYNX, ANY TYPE	1	0	0	1	0.77990741
HCPCS	L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL, PROSTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH	1	0	0	1	0.77990741
HCPCS	L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH OR EQUAL, REPLACEMENT ONLY, EACH	1	0	0	1	0.77990741
HCPCS	L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	1	0	0	1	0.13052083
HCPCS	Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10MG	1	0	0	1	0.0671412
HCPCS	Q3028	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	1	0	0	1	0.90203704
HCPCS	Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10YEARS), PLASTER	1	0	0	1	0.10914535
HCPCS	Q4101	APLIGRAF, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TOPRIMARY PROCEDURE)	1	0	0	1	0.12049279
HCPCS	Q4116	ALLODERM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TOPRIMARY PROCEDURE)	1	0	0	1	0.04594907
HCPCS	Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITIONTO PRIMARY PROCEDURE)	0	0	1	1	0.32925926
HCPCS	Q4187	EPICORD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TOPRIMARY PROCEDURE)	0	1	0	1	1.07210648
HCPCS	Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	1	0	0	1	0.89678241
HCPCS	Q5113	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10MG	1	0	0	1	1.85096065
HCPCS	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	1	0	0	1	1.17
HCPCS	Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG.	1	0	0	1	3.79159722

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	Q5122	INJECTION, PEGFILGRASTIM-APGF (NYVEPRIA), BIOSIMILAR, 0.5 MG	1	0	0	1	1.78412749
HCPCS	Q5162	INJECTION, DENOSUMAB-NXXP, BIOSIMILAR, 1 MG	1	0	0	1	0.87554398
HCPCS	Q9991	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100 MG	1	0	0	1	1.05949646
HCPCS	Q9996	USTEKINUMAB- TTWE SUB CU INJ	0	0	1	1	2.04721065
HCPCS	Q9998	INJECTION, USTEKINUMAB-AEKN (SELARSDI), BIOSIMILAR, 1 MG	1	0	0	1	0.09251157
HCPCS	S0106	BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS	1	0	0	1	1.00858796
HCPCS	S0132	INJ GANIRELIX ACETAT 250 MCG	1	0	0	1	0.09835648
HCPCS	S0138	FINASTERIDE, 5 MG	0	0	1	1	0.80710648
HCPCS	S5571	INSULIN DELIVERY DEVICE, DISPOSABLE PEN (INCLUDING INSULIN); 3 ML SIZE	0	0	1	1	0.65712963
HCPCS	S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES; PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH S9330 OR S9331)	1	0	0	1	0.84648148
HCPCS	S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G., HEPARIN), ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.05409722
HCPCS	S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	1.02584769
HCPCS	S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICE, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE WITH HYDRATION THERAPY CODES S9374-S9377 USING DAILY VOLUME SCALES)	1	0	0	1	0.84648148
HCPCS	S9374	HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATLEY), PER DIEM	1	0	0	1	0.84648148
HCPCS	S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.87600694
HCPCS	S9430	PHARMACY COMPOUNDING AND DISPENSING SERVICES	1	0	0	1	0.75439813
HCPCS	S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.84648148

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.84648148
HCPCS	V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	1	0	0	1	0.87146991
HCPCS	D8020	Limited orthodontic treatment of the transitional dentition	1	0	0	1	2.
HCPCS	D8080	Comprehensive orthodontic treatment of the adolescent dentition	2	0	0	2	2.
Overall - Total			5,466	337	2,038	7,841	

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
Investigative	101	90	11	
Medical Necessity	312	172	140	413

Healthcare Provider Specialty
Data by healthcare provider specialty is available by request. Requests shall be sent to: Lendi Bushong **Name: Lendi Bushong** **Address: 4000 House Avenue, Cheyenne WY 82001** **Email: Lendi.Bushong@bcbswy.com** The above to be completed by Health Insurers or Utilization Review Entities. Upon receipt of all required information, insurer will provide the report within 30 calendar days to the requesting entity.

Term/Heading	Explanation
Approved	Prior Auth request was initially or ultimately approved by insurer.
Denied	Prior Auth request was initially or ultimately denied by insurer.
Total Count	Total sum of prior authorization requests by procedure type, provider specialty or adverse determination reason.
Procedure Code Type	Specific type of procedure code being used such as CPT or HCPCS.
Procedure Code	Specific CPT or HCPCS number or code for procedure or service being requested.
Procedure Description	Brief description of requested procedure.
Average Processing Days	Time between initial prior authorization request and the approval or initial adverse determination.
Sent to Appeal	Number of initial prior authorizations requests resulting in an adverse determination, requiring any level of additional appeal/review. This count will also be included in the 'Approved' or 'Denied' column as well depending on the outcome.
Reason for Adverse Determination	Reason for prior authorization requestion denial.
Appeal Count	Number of intial prior authorization requests sent to any level of appeal.
Upheld Count	Number of prior authorization requests sent to appeal that were ultimately upheld or denied.
Reversed Count	Number of prior authorization requests sent to appeal that were ultimately reversed or approved.
Modified Count*	Prior Authorization where there is both an approval and a denial. (Example: Originally requested dosage was denied but an alternative was approved)
*	* If your company does not partially approve services, they would not be required to record anything in the modified column. The prior auths will only be documented in approved and denied. If a prior auth is both approved and denied, it should be recorded in the modified column.