PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J3490	UNCLASSIFIED DRUGS	1,307	0	1,032	2,339	0.93230484
HCPCS	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	343	0	165	508	0.81935161
HCPCS	J3590	UNCLASSIFIED BIOLOGICS	177	0	34	211	1.19689872
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	91	21	12	124	0.44971667
HCPCS	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	114	0	4	118	0.35802539
HCPCS	J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	75	0	12	87	0.88147244
CPT	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	24	0	17	41	0.4899081
CPT	64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	38	0	1	39	0.33505002
CPT	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELINES)	31	6	2	39	0.44868193
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	31	6	1	38	0.4538172
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)	29	1	7	37	0.47043743
CPT	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	35	0	0	35	0.34587154
HCPCS	A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	26	0	9	35	0.9116298
HCPCS	J0897	INJECTION, DENOSUMAB, 1 MG	19	0	16	35	1.22202485
HCPCS	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	32	0	3	35	0.6472295
CPT	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT	33	0	1	34	0.27689146
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)	6	20	7	33	0.78190409
CPT	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	30	0	1	31	0.78766826

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	29	29	0.62873283
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	1	27	28	0.65681704
CPT	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	21	0	7	28	1.44961149
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)	28	0	0	28	1.32449869
CPT	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	26	1	0	27	0.12915823
CPT	93356	MYOCARDIAL STRAIN IMAGING USING SPECKLE TRACKING-DERIVED ASSESSMENT OF MYOCARDIAL MECHANINCS (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY IMAGING)	0	0	27	27	0.60431449
CPT	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	24	0	0	24	0.3052197
CPT	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	14	1	9	24	0.77760401
HCPCS	J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	6	0	17	23	0.75451087
HCPCS	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	21	0	1	22	0.77936039
HCPCS	Q5111	INJECTION, PEGFILGRASTIM-CBQV (UDENYCA), BIOSIMILAR, 0.5 MG	21	0	1	22	0.64566359
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	7	0	14	21	1.44642656
CPT	95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	21	0	0	21	0.09438221
CPT	96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	15	0	6	21	1.22608851

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	21	0	0	21	0.54178792
HCPCS	J2350	INJECTION, OCRELIZUMAB, 1 MG	17	0	3	20	1.20619001
HCPCS	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	18	0	2	20	0.69938974
CPT	95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	19	0	0	19	0.12929141
HCPCS	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	16	0	3	19	0.88907176
CPT	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	10	2	6	18	0.97758912
HCPCS	J1308	INJECTION, FAMOTIDINE, 0.25 MG	15	0	3	18	0.78079874
HCPCS	J2469	INJECTION, PALONOSETRON HCL, 25 MCG	18	0	0	18	0.81462984
HCPCS	J3380	INJECTION, VEDOLIZUMAB, INTRAVENOUS, 1 MG	15	0	3	18	0.91486499
HCPCS	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	17	0	1	18	0.95363374
HCPCS	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	18	0	0	18	0.4114845
HCPCS	Q5142	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	15	0	3	18	0.95999476
CPT	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	8	4	5	17	0.68090575
HCPCS	J0169	INJECTION, EPINEPHRINE (ADRENALIN), NOT THERAPEUTICALLY EQUIVALENT TOJ0165, 0.1 MG	14	0	3	17	0.81317143
HCPCS	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	14	0	3	17	0.81317143
HCPCS	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	14	0	3	17	0.81317143
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	14	0	3	17	0.81317143
HCPCS	J9045	INJECTION, CARBOPLATIN, 50 MG	17	0	0	17	0.73366708
HCPCS	J2357	INJECTION, OMALIZUMAB, 5 MG	16	0	0	16	0.7405135
HCPCS	J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	15	0	1	16	0.82555064
HCPCS	Q5141	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	13	0	3	16	0.72151765
CPT	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	15	0	0	15	0.32264583
HCPCS	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	14	0	1	15	0.86522315
HCPCS	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	8	0	7	15	1.02577308
HCPCS	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	14	0	1	15	0.86522315
HCPCS	J7040	INFUSION, NORMAL SALINE SOLUTION , 500 CC	14	0	1	15	0.86522315
HCPCS	Q5108	INJECTION, PEGFILGRASTIM-JMDB (FULPHILA), BIOSIMILAR, 0.5 MG	13	0	2	15	1.221548
CPT	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	14	0	0	14	0.20180362

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	12	0	2	14	0.40524792
CPT	85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	11	0	3	14	1.10668155
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)	13	0	1	14	1.89825333
CPT	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	12	0	2	14	1.06493722
HCPCS	J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	10	0	4	14	0.74602566
HCPCS	Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	14	0	0	14	0.82764881
CPT	00170	ANESTHESIA FOR INTRORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	12	0	1	13	1.01632269
CPT	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY; FIRST VEIN TREATED	12	0	1	13	0.38236823
CPT	81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT	6	1	6	13	0.69161174
CPT	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	5	4	4	13	0.79122522
CPT	88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE	11	2	0	13	1.0767486
HCPCS	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	13	0	0	13	0.53022992
HCPCS	Q5100	INJECTION, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG	9	0	4	13	0.89237625
CPT	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	12	0	0	12	0.21746449
CPT	52000	CYSTOURETHROSCOPY; SEPARATE PROCEDURE	11	1	0	12	0.22193769
CPT	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	7	1	4	12	0.59725627
HCPCS	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STERIOD AND/OR OTHER THERAPEUTIC AGENT AND ARTHROGRAPHY	12	0	0	12	0.43812789
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	11	11	0.72822656
CPT	19303	MASTECTOMY, SIMPLE, COMPLETE	11	0	0	11	0.48582954

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	10	0	1	11	0.17682134
CPT	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	11	0	0	11	0.45865004
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)	11	0	0	11	0.39927894
CPT	36471	INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG	11	0	0	11	0.10807449
CPT	81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)	10	0	1	11	0.91095111
CPT	95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	11	0	0	11	0.10986602
HCPCS	E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	4	0	7	11	0.54141098
HCPCS	J9267	INJECTION, PACLITAXEL, 1 MG	11	0	0	11	0.68614407
HCPCS	J9312	INJECTION, RITUXIMAB, 10 MG	9	0	2	11	1.17200371
CPT	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INTERSPACE, LUMBAR	1	1	8	10	0.47291319
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)	8	0	2	10	1.03738426
CPT	82728	FERRITIN	9	0	1	10	1.00743287
CPT	83540	IRON	9	0	1	10	1.00743287
CPT	83550	IRON BINDING CAPACITY	9	0	1	10	1.00743287
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)	9	0	1	10	0.56753009
CPT	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	9	0	1	10	1.2552246
CPT	97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	10	0	0	10	1.25501057
HCPCS	C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	9	0	1	10	0.59976379

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HCPCS	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	10	0	0	10	1.12386843
HCPCS	J1628	INJECTION, GUSELKUMAB, 1 MG	10	0	0	10	0.40606019
HCPCS	J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	10	0	0	10	0.31333565
CPT	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL	9	0	0	9	0.43765495
CPT	81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	0	3	6	9	1.04307401
CPT	82746	FOLIC ACID; SERUM	9	0	0	9	1.0022338
CPT	95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 61-119 MINUTES	9	0	0	9	0.05217532
HCPCS	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG	9	0	0	9	3.07635819
HCPCS	J2356	INJECTION, TEZEPELUMAB-EKKO, 1 MG	4	0	5	9	1.24037809
HCPCS	J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	8	0	1	9	0.9651568
HCPCS	J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE	5	0	4	9	1.40235597
HCPCS	J9171	INJECTION, DOCETAXEL, 1 MG	9	0	0	9	0.44920091
HCPCS	Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	8	0	1	9	0.71464413
CPT	19318	BREAST REDUCTION	6	0	2	8	0.33736613
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)	8	0	0	8	0.21431858
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)	7	0	1	8	0.99174537
CPT	81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G GREATER THAN A VARIANT	0	3	5	8	1.05775111
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)	2	6	0	8	0.53006726
CPT	81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF GREATER THAN 50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS)	2	1	5	8	0.5599234

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CPT	81435	HEREDITARY COLON CANCER-RELATED DISORDERS (EG, LYNCH SYNDROME, PTENHAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS),GENOMIC SEQUENCE ANALYSIS PANEL, 5 OR MORE GENES, INTERROGATION FORSEQUENCE VARIANTS AND COPY NUMBER VARIANTS; GENOMIC SEQUENCE ANALYSISPANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC,BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, AND STK11	1	0	7	8	0.37494173
CPT	82607	CYANOCOBALAMIN (VITAMIN B-12);	8	0	0	8	1.02917535
CPT	83921	ORGANIC ACID, SINGLE, QUANTITATIVE	8	0	0	8	1.02917535
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	5	0	3	8	0.51644676
CPT	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	8	0	0	8	1.11299065
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).	6	0	2	8	0.46422278
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)	5	0	3	8	1.08341001
HCPCS	J1453	INJECTION, FOSAPREPITANT, 1 MG	8	0	0	8	0.67022443
HCPCS	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	5	0	3	8	1.12430516
HCPCS	J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	4	0	4	8	0.88297454
HCPCS	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	8	0	0	8	1.43781206
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	0.25447627
HCPCS	Q5101	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM	7	0	1	8	0.63194576
HCPCS	Q5136	INJECTION, DENOSUMAB-BBDZ (JUBBONTI WYOST), BIOSIMILAR, 1 MG	7	0	1	8	0.91400555
CPT	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	7	0	0	7	0.10119707
CPT	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7	0	0	7	0.41420226
CPT	64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)	7	0	0	7	0.78459085
CPT	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	7	0	0	7	0.07023644

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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	4	0	3	7	0.37781645
CPT	81219	CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9	3	0	4	7	1.06425735
CPT	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	2	1	4	7	0.25869642
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)	5	1	1	7	0.92369874
CPT	91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH INTERPRETATION AND REPORT	6	0	1	7	0.44456515
CPT	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	2	3	2	7	0.8723107
HCPCS	E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	7	0	0	7	0.32921627
HCPCS	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	7	0	0	7	0.40475701
HCPCS	J9263	INJECTION, OXALIPLATIN, 0.5 MG	7	0	0	7	0.84181444
HCPCS	Q5157	INJECTION, DENOSUMAB-BMWO (STOBOCLO/OSENVELT), BIOSIMILAR, 1 MG	3	0	4	7	1.80046319
HCPCS	S0117	TRETINOIN, TOPICAL, 5 GRAMS	5	0	2	7	0.49363591
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)	6	0	0	6	0.25738812
CPT	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	6	0	0	6	0.7242024
CPT	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	6	0	0	6	0.10375579
CPT	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	6	0	0	6	0.18921313
CPT	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	4	1	1	6	0.36029128
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)	5	0	1	6	0.71413853
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	3	0	3	6	0.84181487
CPT	81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (EG, EXONS 12 AND 13)	4	0	2	6	1.12512069

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CPT	81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE	2	1	3	6	0.52592348
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	0	6	0.40194179
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	3	2	1	6	1.28586606
CPT	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	4	0	2	6	1.29577085
CPT	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	4	0	2	6	1.29577085
CPT	91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMAGING, WITH INTERPRETATION AND REPORT	6	0	0	6	0.64707157
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	1	3	6	0.67654065

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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	5	1	0	6	0.30870626
CPT	95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL	1	3	2	6	0.99453223
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	1	3	2	6	0.99453223
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	1	3	2	6	0.99453223
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	1	3	2	6	0.99106387
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)	1	3	2	6	0.99453223
CPT	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	5	0	1	6	0.54766782
CPT	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	5	0	1	6	0.54766782
HCPCS	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	6	0	0	6	0.21889853
HCPCS	J1930	INJECTION, LANREOTIDE, 1 MG	3	0	3	6	0.70371914
HCPCS	J2919	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	6	0	0	6	1.28938272
HCPCS	J9035	INJECTION, BEVACIZUMAB 10 MG	6	0	0	6	0.53517899
HCPCS	J9060	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG	6	0	0	6	0.68527778
HCPCS	J9181	INJECTION, ETOPOSIDE, 10 MG	6	0	0	6	0.83426505
HCPCS	J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	5	0	1	6	0.73381407
HCPCS	Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	5	0	1	6	1.01822133
HCPCS	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	6	0	0	6	0.52014082
CPT	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	5	0	0	5	0.44914583
CPT	20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITHOUT ULTRASOUND GUIDANCE	5	0	0	5	0.49140278
CPT	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	0	1	5	0.8098287
CPT	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	4	0	1	5	0.21056019

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	0.71782468
CPT	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	5	0	0	5	0.11094907
CPT	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	5	0	0	5	0.26212037
CPT	64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (E.G., FOR BLEPHAROSPASM, HEMIFACIAL SPASM)	5	0	0	5	0.45459034
CPT	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	2	0	3	5	0.14311574
CPT	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	5	0	0	5	0.20272917
CPT	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	5	0	0	5	0.0781412
CPT	81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, E285A, Y231X)	0	5	0	5	0.77311343
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	5	0	0	5	0.47042605
CPT	81243	FMR1 (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (EG, FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	2	3	0	5	0.38993864
CPT	81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, 1278INSTATC, 1421+1G GREATER THAN C, G269S)	0	5	0	5	0.77311343
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	5	0	5	0.77311343
CPT	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	2	0	3	5	0.91385035
CPT	81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)	1	4	0	5	0.23811806
CPT	81425	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	1	0	4	5	0.55431283
CPT	83615	LACTIC DEHYDROGENASE (LD), (LDH)	5	0	0	5	0.90184954
CPT	85610	PROTHROMBIN TIME;	2	2	1	5	1.55642593
CPT	88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	3	1	1	5	1.26474537
CPT	95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER LIMBS	1	2	2	5	0.57579573

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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	5	0	0	5	1.90429893
CPT	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THEPROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE),EACH 15 MINUTES	5	0	0	5	1.77246328
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	5	0	0	5	0.41739352
HCPCS	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE (FOR FACILITY CLAIMS ONLY)	4	0	1	5	0.43329905
HCPCS	E0218	FLUID CIRCULATING COLD PAD WITH PUMP, ANY TYPE	0	0	5	5	0.32900306
HCPCS	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	3	0	2	5	0.51857407
HCPCS	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	2	0	3	5	0.64999964
HCPCS	J0013	ESKETAMINE, NASAL SPRAY, 1 MG	0	0	5	5	1.22555556
HCPCS	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E. G.LIQUID), 500 MG	5	0	0	5	3.45556304
HCPCS	J1815	INJECTION, INSULIN, PER 5 UNITS	3	0	2	5	1.28123843
HCPCS	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	2	0	3	5	0.77404861
HCPCS	J9190	FLUOROURACIL, 500 MG	5	0	0	5	1.15972772
HCPCS	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	5	0	0	5	0.95374069
HCPCS	Q5135	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	5	0	0	5	0.703125
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	3	0	1	4	1.83013201
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)	4	0	0	4	0.52046007
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)	4	0	0	4	0.37936632
CPT	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXTENSIVE SKIN WEIGHTING DOWN LID	4	0	0	4	0.09807002

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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)	3	0	1	4	0.79357639
CPT	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	4	0	0	4	0.0158912
CPT	31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	4	0	0	4	0.45245517
CPT	31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	4	0	0	4	0.59960613
CPT	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	4	0	0	4	0.05545139
CPT	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	4	0	0	4	0.41216435
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	4	0	0	4	0.41566025
CPT	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	3	0	1	4	0.09813368
CPT	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	3	1	0	4	0.89024595
CPT	38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	4	0	0	4	0.14586302
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	4	0	0	4	0.11904514
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)	4	0	0	4	0.1070081
CPT	78195	LYMPHATICS AND LYMPH NODES IMAGING	4	0	0	4	0.09380498
CPT	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	4	0	0	4	0.64742188
CPT	81161	DMD (DYSTROPHIN) (EG, DUCHENNE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED	0	3	1	4	0.87523438
CPT	81249	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; FULL GENE SEQUENCE	0	0	4	4	0.33517195
CPT	81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	2	1	1	4	0.42609249
CPT	81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	2	1	1	4	0.42609249

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CPT	81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	2	1	1	4	0.42609249
CPT	81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	2	1	1	4	0.42609249
CPT	81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	2	1	1	4	0.42609249
CPT	81401	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATEDVARIANT, OR 1 SOMATIC VARIANT [TYPICALLY USING NONSEQUENCING TARGETVARIANT ANALYSIS], OR DETECTION OF A DYNAMIC MUTATION DISORDER/ TRIPLETREPEAT)	0	3	1	4	0.85561461
CPT	81422	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (EG, DIGEORGE SYNDROME, CRI-DU-CHAT SYNDROME), CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD	0	2	2	4	0.84761644
CPT	84238	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	3	0	1	4	0.82789641
CPT	85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	2	1	1	4	0.69285301
CPT	85384	FIBRINOGEN; ACTIVITY	4	0	0	4	0.83475405
CPT	85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	1	2	1	4	1.79671007
CPT	88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	2	1	1	4	1.56284144
CPT	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	2	0	4	0.31652154
CPT	95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	1	1	2	4	0.67239802
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	1	1	2	4	0.67239802
CPT	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY 1 METHOD	1	1	2	4	0.67239802
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	1.46387426
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	1.46387426

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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	4	0	0	4	1.77645294
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	0.71157986
HCPCS	A4215	NEEDLE, STERILE, ANY SIZE, EACH	1	1	2	4	0.67239802
HCPCS	A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	4	0	0	4	0.05199074
HCPCS	A9584	IODINE I-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	1	0	3	4	0.91760367
HCPCS	C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR (FOR FACILITY CLAIMS ONLY)	4	0	0	4	0.35206702
HCPCS	E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	3	0	1	4	0.37630601
HCPCS	E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	3	0	1	4	0.58983796
HCPCS	J0517	INJECTION, BENRALIZUMAB, 1 MG	3	0	1	4	0.50282118
HCPCS	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	2	0	2	4	0.28160012
HCPCS	J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	4	0	0	4	0.5179357
HCPCS	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID/GAMMAGARD LIQUID ERC), 500MG	4	0	0	4	0.46641204
HCPCS	J1756	INJECTION, IRON SUCROSE, 1 MG	3	0	1	4	1.03951389
HCPCS	J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	4	0	0	4	1.21961156
HCPCS	J9000	DOXORUBICIN HCL, 10 MG	4	0	0	4	0.62789931
HCPCS	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	4	0	0	4	0.95369213
HCPCS	J9073	INJECTION, CYCLOPHOSPHAMIDE (DR. REDDY'S), 5 MG	4	0	0	4	0.56412905
HCPCS	J9299	INJECTION, NIVOLUMAB, 1 MG	4	0	0	4	0.65855035
HCPCS	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	3	0	1	4	0.45750868
HCPCS	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	4	0	0	4	0.14489005
HCPCS	L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	4	0	0	4	0.4396765
HCPCS	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	4	0	0	4	0.38312974
HCPCS	Q5099	INJECTION, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG	3	0	1	4	0.19535044

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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	2	1	0	3	0.26891366
CPT	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	3	0	0	3	0.47404707
CPT	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	3	0	0	3	0.49569059
CPT	19380	REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-ADVANCEMENT AND/OR RE-INSET OF FLAPS IN AUTOLOGOUS RECONSTRUCTION OR SIGNIFICANT CAPSULAR REVISION COMBINED WITH SOFT TISSUE EXCISION IN IMPLANT-BASED RECONSTRUCTION)	3	0	0	3	0.37145833
CPT	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; THORACIC	3	0	0	3	0.29695216
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	2	0	1	3	1.02740741
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)	2	0	1	3	1.02740741
CPT	29999	UNLISTED PROCEDURE, ARTHROSCOPY	3	0	0	3	0.37638889
CPT	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (E.G., SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	3	0	0	3	0.38149691
CPT	30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	3	0	0	3	0.32986497
CPT	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	3	0	0	3	0.40106867
CPT	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	3	0	0	3	0.63115355
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	3	0	0	3	0.12714506
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)	1	0	2	3	0.12708171
CPT	38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	3	0	0	3	1.08023148

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CPT	43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	2	0	1	3	0.29328251
CPT	43239	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	3	0	0	3	0.05954475
CPT	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	3	0	0	3	0.39142747
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	3	0	0	3	0.17256944
CPT	57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	3	0	0	3	0.34283179
CPT	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	3	0	0	3	0.08346065
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	3	0	0	3	0.38640432
CPT	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	3	0	0	3	0.13144676
CPT	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	2	0	1	3	0.67726958
CPT	64568	OPEN IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	3	0	0	3	0.4420693
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)	3	0	0	3	0.23199846
CPT	65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; WITHOUT SUTURES	3	0	0	3	0.13515046
CPT	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	3	0	0	3	0.59096451
CPT	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (E.G., DIAGNOSTIC, INTERVENTIONAL)	3	0	0	3	0.46798611
CPT	77436	SURFACE RADIATION THERAPY; SUPERFICIAL OR ORTHOVOLTAGE, TREATMENT PLANNINGAND SIMULATION-AIDED FIELD SETTING	0	0	3	3	0.69196759
CPT	77437	SURFACE RADIATION THERAPY; SUPERFICIAL, DELIVERY, LESS THAN OR EQUAL TO150 KV, PER FRACTION (EG, ELECTRONIC BRACHYTHERAPY)	0	0	3	3	0.69196759
CPT	77439	SURFACE RADIATION THERAPY; SUPERFICIAL OR ORTHOVOLTAGE, IMAGE GUIDANCE,ULTRASOUND FOR PLACEMENT OF RADIATION THERAPY FIELDS FOR TREATMENT OFCUTANEOUS TUMORS, PER COURSE OF TREATMENT	0	0	3	3	0.69196759
CPT	81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	2	0	1	3	0.35187356

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CPT	81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	2	0	1	3	0.35187356
CPT	81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	1	1	3	0.50661979
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	2	0	1	3	0.57850538
CPT	84550	URIC ACID; BLOOD	3	0	0	3	0.97322145
CPT	85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	0	3	0	3	1.41602238
CPT	85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	0	3	0	3	1.41602238
CPT	85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	2	0	1	3	0.89486883
CPT	86140	C-REACTIVE PROTEIN;	2	0	1	3	0.89486883
CPT	86812	HLA TYPING; A, B, OR C (EG, A10, B7, B27), SINGLE ANTIGEN	3	0	0	3	3.11468836
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	2	3	2.28668705
CPT	88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	2	0	1	3	1.80536651
CPT	88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	2	0	1	3	1.80536651
CPT	88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	2	1	0	3	1.16287423
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	3	0	0	3	2.80182711
CPT	88365	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; INITIAL SINGLE PROBE STAIN PROCEDURE	2	1	0	3	0.39839982
CPT	88381	MICRODISSECTION (I.E., SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL	2	0	1	3	0.57850538
CPT	90999	UNLISTED DIALYSIS PROCEDURE, IN HOSPITALIZED OR OUT PATIENT	3	0	0	3	1.1066358
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	0	3	0.0476929
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	3	0	0	3	0.0476929

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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)	3	0	0	3	0.0476929
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	1	1	3	0.18696759
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	0.83476758
CPT	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES	1	1	1	3	0.18696759
CPT	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIES	1	1	1	3	0.18696759
CPT	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIES	1	1	1	3	0.18696759
CPT	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIES	1	1	1	3	0.18696759
CPT	95911	NERVE CONDUCTION STUDIES; 9-10 STUDIES	1	1	1	3	0.18696759
CPT	95912	NERVE CONDUCTION STUDIES; 11-12 STUDIES	1	1	1	3	0.18696759
CPT	95913	NERVE CONDUCTION STUDIES; 13 OR MORE STUDIES	1	1	1	3	0.18696759
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	0.83476758
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	3	0	0	3	0.18249228
CPT	96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS; WITH DYNAMIC PLANTAR PRESSURE MEASUREMENTS DURING WALKING	3	0	0	3	0.33097308
CPT	96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, 1-12 MUSCLES	3	0	0	3	0.33097308
CPT	96004	PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTER BASED MOTIONANALYSIS, DYNAMIC PLANTAR PRESSURE MEASUREMENTS, DYNAMIC SURFACEELECTROMYOGRAPHY DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, ANDDYNAMIC FINE WIRE ELECTROMYOGRAPHY, WITH WRITTEN REPORT	3	0	0	3	0.33097308

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.6930517
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	3	0	0	3	1.8233254
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	3	0	0	3	1.8233254
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.	3	0	0	3	0.12845679
HCPCS	A4544	ELECTRODE FOR EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGSSYNDROME	0	0	3	3	0.12980324
HCPCS	A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	1	1	1	3	0.18696759
HCPCS	C1781	MESH (IMPLANTABLE)	3	0	0	3	0.15274691
HCPCS	C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON HIGH-FREQUENCY WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	3	0	0	3	1.00747269
HCPCS	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	0	0	3	3	0.52136574
HCPCS	E0743	EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGS SYNDROME, EACH	0	0	3	3	0.12980324
HCPCS	E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	0	0	3	3	0.56341747
HCPCS	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	1	0	2	3	0.27727623
HCPCS	J0185	INJECTION, APREPITANT, 1 MG	3	0	0	3	0.99249614
HCPCS	J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG	2	0	1	3	0.19379784
HCPCS	J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	3	0	0	3	1.33986641
HCPCS	J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0	0	3	3	1.00277778
HCPCS	J1080	TESTOSTERONE CYPIONAT 200 MG	2	0	1	3	0.64074074
HCPCS	J1434	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	3	0	0	3	0.51472222
HCPCS	J2329	INJECTION, UBLITUXIMAB-XIIY, 1MG	3	0	0	3	0.95538966
HCPCS	J2468	EQUIVALENT TO J2469, 25 MICROGRAMSINJECTION, PALONOSETRON HYDROCHLORIDE (POSFREA), 25 MICROGRAMS	3	0	0	3	1.7248644

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HCPCS	J2789	RIBOFLAVIN 5'-PHOSPHATE, OPHTHALMIC SOLUTION (EPIOXAHD/EPIOXA), UP TO 2 ML	3	0	0	3	0.54802469
HCPCS	J2941	INJECTION, SOMATROPIN, 1MG	2	0	1	3	0.61380401
HCPCS	J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 5 YEAR DURATION	0	1	2	3	1.24506944
HCPCS	J7601	ENSIFENTRINE, INHALATION SUSPENSION, FDA APPROVED FINAL PRODUCT,NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 3 MG	3	0	0	3	1.14981867
HCPCS	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	3	0	0	3	1.40614969
HCPCS	J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG	3	0	0	3	0.6746412
HCPCS	J9173	INJECTION, DURVALUMAB, 10 MG	3	0	0	3	0.47449846
HCPCS	J9218	LEUPROLIDE ACETATE, PER 1 MG	0	0	3	3	0.13332176
HCPCS	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	3	0	0	3	0.35800926
HCPCS	J9260	INJECTION, METHOTREXATE SODIUM, 50 MG	3	0	0	3	0.43118827
HCPCS	J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	2	0	1	3	1.46902287
HCPCS	L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	3	0	0	3	0.4420693
HCPCS	Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	3	0	0	3	1.18791515
HCPCS	Q4116	ALLODERM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TOPRIMARY PROCEDURE)	3	0	0	3	0.49569059
HCPCS	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG.	3	0	0	3	1.26780505
HCPCS	S0109	METHADONE ORAL 5MG	3	0	0	3	0.22569444
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	1	0	1	2	0.43205854
CPT	0489U	OBSTETRICS (SINGLE-GENE NONINVASIVE PRENATAL TEST), CELL FREE DNA SEQUENCEANALYSIS OF 1 OR MORE TARGETS (EG, CFTR, SMN1, HBB, HBA1, HBA2) TOIDENTIFY PATERNALLY INHERITED PATHOGENIC VARIANTS, AND RELATIVEMUTATION-DOSAGE ANALYSIS BASED ON MOLECULAR COUNTS TO DETERMINE FETALINHERITANCE OF MATERNAL MUTATION, ALGORITHM REPORTED AS A FETAL RISK SCOREFOR THE CONDITION (EG, CYSTIC FIBROSIS, SPINAL MUSCULAR ATROPHY, BETAHEMOGLOBINOPATHIES [INCLUDING SICKLE CELL DISEASE], ALPHA THALASSEMIA)	1	0	1	2	0.54943321
CPT	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	2	0	0	2	0.50585648
CPT	11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	1	1	0	2	0.81461227
CPT	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	2	0	0	2	0.21042245

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CPT	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQCM	2	0	0	2	0.21042245
CPT	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	2	0	0	2	0.21042245
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	0.21042245
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	1	0	1	2	0.63151042
CPT	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	2	0	0	2	0.2450463
CPT	15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY; THIGH	2	0	0	2	0.73891204
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	2	0	0	2	0.03217593
CPT	19316	MASTOPEXY	2	0	0	2	0.35311343
CPT	19325	BREAST AUGMENTATION WITH IMPLANT	2	0	0	2	0.35911458
CPT	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	2	0	0	2	0.35311343
CPT	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	2	0	0	2	0.37349651
CPT	20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	2	0	0	2	0.12514468
CPT	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; LUMBAR	2	0	0	2	0.09109375
CPT	22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; CERVICAL BELOW C2 SEGMENT	2	0	0	2	0.08146991
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	0	1	1	2	0.54800347
CPT	22899	UNLISTED PROCEDURE, SPINE	2	0	0	2	0.06591435
CPT	23929	UNLISTED PROCEDURE, SHOULDER	2	0	0	2	0.10352431
CPT	24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	2	0	0	2	1.62842593

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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	2	0	0	2	1.2626794
CPT	28899	UNLISTED PROCEDURE, FOOT OR TOES	2	0	0	2	0.12130933
CPT	30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); SUPERFICIAL.	1	0	1	2	0.17144547
CPT	30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	2	0	0	2	0.47427662
CPT	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	2	0	0	2	0.08384873
CPT	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	2	0	0	2	1.15423541
CPT	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	2	0	0	2	0.07236111
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))	2	0	0	2	0.06925926
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)	2	0	0	2	0.39778356
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)	2	0	0	2	0.38837384
CPT	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	2	0	0	2	0.44509838
CPT	38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	2	0	0	2	0.21042245
CPT	38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	2	0	0	2	1.52162616
CPT	43202	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	2	0	0	2	0.37864583
CPT	43281	LAPAROSCOPIC, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	2	0	0	2	0.10591435
CPT	43282	LAPAROSCOPIC, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH IMPLANTATION OF MESH	2	0	0	2	0.0251794
CPT	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	2	0	0	2	0.39961227

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CPT	45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	2	0	0	2	0.03663773
CPT	45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	2	0	0	2	0.07879051
CPT	49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	2	0	0	2	0.03975795
CPT	58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	1	1	0	2	0.48737847
CPT	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	1	1	0	2	0.48737847
CPT	58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS	2	0	0	2	0.52986111
CPT	58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION, ELECTROSURGICAL ABLATION, THERMOABLATION)	2	0	0	2	0.11385711
CPT	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.04396412
CPT	61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO A SINGLE ELECTRODE ARRAY	2	0	0	2	1.39344907
CPT	63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY	2	0	0	2	0.33127894
CPT	64624	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1	0	1	2	0.63828704
CPT	64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	2	0	0	2	0.20321759
CPT	64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	2	0	0	2	0.43031829
CPT	64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY	2	0	0	2	0.54050926
CPT	65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKIA)	2	0	0	2	4.45867457
CPT	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE CATARACT SURGERY (EG, IRIS EXPANSION DEVICE, SUTURE SUPPORT FOR INTRAOCULAR LENS, OR PRIMARY POSTERIOR CAPSULORRHEXIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE; WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	2	0	0	2	0.07713542
CPT	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	2	0	0	2	0.07713542
CPT	66986	EXCHANGE OF INTRAOCULAR LENS	2	0	0	2	0.07713542
CPT	67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	2	0	0	2	0.09727745
CPT	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)	2	0	0	2	0.39300926

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CPT	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILATION); UNILATERAL	2	0	0	2	0.43755787
CPT	69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	1	0	2	0.48568287
CPT	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	2	0	0	2	0.02047454
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)	1	0	1	2	0.91426505
CPT	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	1	0	1	2	0.05873264
CPT	77771	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; 2-12 CHANNELS	2	0	0	2	0.41530093
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)	1	0	1	2	1.03887153
CPT	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	2	0	0	2	0.16678819
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	1	0	2	0.19183283
CPT	81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	1	1	0	2	0.19183283
CPT	81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	1	0	2	0.19183283
CPT	81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT	0	2	0	2	0.27043403
CPT	81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	0	0	2	2	2.64941712
CPT	81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	2	2	2.64941712
CPT	81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A GREATER THAN T)	0	2	0	2	0.27043403
CPT	81251	GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, N370S, 84GG, L444P, IVS2+1G GREATER THAN A)	0	2	0	2	0.27043403
CPT	81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS (EG, IVS3-2A GREATER THAN G, DEL6.4KB)	0	2	0	2	0.27043403
CPT	81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)	0	0	2	2	2.62833539

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1	1	0	2	0.6960398
CPT	81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	1	0	2	0.6960398
CPT	81330	SMPD1(SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS (EG, R496L, L302P, FSP330)	0	2	0	2	0.27043403
CPT	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10	1	0	1	2	1.44027484
CPT	81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)	0	2	0	2	0.27043403
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)	0	0	2	2	0.1369989
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	1.00926867
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	1.00926867
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	2	2	0.50833912
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)	0	0	2	2	0.2064294
CPT	81464	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, CELL-FREE NUCLEIC ACID (EG, PLASMA), INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS, COPY NUMBER VARIANTS, MICROSATELLITE INSTABILITY, TUMOR MUTATION BURDEN, AND REARRANGEMENTS	0	0	2	2	1.51557137
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	2	2	2.91986111
CPT	82233	BETA AMYLOID; 1 40 (ABETA 40)	1	0	1	2	0.7594628
CPT	82234	BETA AMYLOID; 1 42 (ABETA 42)	1	0	1	2	0.7594628
CPT	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFIED; NONRADIOACTIVE SUBSTRATE, EACH SPECIMEN	2	0	0	2	0.4201331
CPT	83090	HOMOCYSTINE HOMOCYSTEINE	0	1	1	2	0.76899306

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CPT	84100	PHOSPHORUS INORGANIC (PHOSPHATE);	2	0	0	2	1.16666667
CPT	84393	TAU, PHOSPHORYLATED (EG, PTAU 181, PTAU 217), EACH	1	0	1	2	0.7594628
CPT	85097	BONE MARROW, SMEAR INTERPRETATION	1	1	0	2	0.45381366
CPT	85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C ANTIGEN	0	2	0	2	1.80361111
CPT	85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	0	2	0	2	1.80361111
CPT	85385	FIBRINOGEN; ANTIGEN	2	0	0	2	0.85100694
CPT	85520	HEPARIN ASSAY	0	2	0	2	1.80361111
CPT	85525	HEPARIN NEUTRALIZATION	0	2	0	2	1.80361111
CPT	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	0	2	0	2	1.80361111
CPT	85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	0	2	0	2	1.80361111
CPT	85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD	2	0	0	2	1.32667824
CPT	85670	THROMBIN TIME; PLASMA	0	2	0	2	1.80361111
CPT	86146	BETA 2 GLYCOPROTEIN 1 ANTIBODY, EACH	0	2	0	2	1.80361111
CPT	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	0	2	0	2	1.80361111
CPT	86900	BLOOD TYPING, SEROLOGIC; ABO	2	0	0	2	1.32667824
CPT	86901	BLOOD TYPING, SEROLOGIC; RH (D)	2	0	0	2	1.32667824
CPT	87497	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS, QUANTIFICATION	1	1	0	2	0.81352431
CPT	87506	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, 6-11 TARGET	1	0	1	2	0.53682998
CPT	88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	1	0	1	2	1.33077546
CPT	88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	2	0	0	2	0.11649306
CPT	88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	2	0	0	2	0.11649306
CPT	88356	MORPHOMETRIC ANALYSIS; NERVE	2	0	0	2	0.50645246
CPT	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	1	0	1	2	1.43324776
CPT	90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	2	0	0	2	1.18568866
CPT	90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATIONLS) WITH OR WITHOUT SUBSTANIAL REVISION OF DIALYSIS PRESCRIPTION	2	0	0	2	1.18568866

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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	1	1	0	2	0.47460069
CPT	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENTIAL INTERATRIAL COMMUNICATION (I.E., FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	1	0	1	2	0.10934606
CPT	93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION ANDREPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTEDINDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING, RIGHTVENTRICULAR PACING AND RECORDING, HIS RECORDING WITH INTRACARDIAC CATHETERABLATION OF ARRHYTHMOGENIC FOCUS; WITH TREATMENT OF VENTRICULARTACHYCARDIA OR FOCUS OF VENTRICULAR ECTOPY INCLUDING INTRACARDIACELECTROPHYSIOLOGIC 3D MAPPING, WHEN PERFORMED, AND LEFT VENTRICULAR PACINGAND RECORDING, WHEN PERFORMED	2	0	0	2	0.10922454
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	1	0	1	2	0.12958912
CPT	95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	1	0	1	2	1.40424049
CPT	95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.16198495
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	1	2	0.18780671
CPT	95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER LIMBS	1	0	1	2	0.18780671
CPT	96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS	2	0	0	2	0.34107767
CPT	96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION OF A NEW DRUG/ SUBSTANCE, UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.54235532
CPT	97014	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED).	2	0	0	2	2.58349037
CPT	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	2	0	0	2	0.92463542
CPT	99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.92463542
HCPCS	A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR. PER 50 STRIPS	0	0	2	2	2.39418981
HCPCS	A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	2	0	0	2	1.83653935

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HCPCS	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45MILLICURIES	2	0	0	2	0.96039352
HCPCS	A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	2	0	0	2	0.57783841
HCPCS	C1874	STENT, COATED/COVERED, WITH DELIVERY SYSTEM	2	0	0	2	0.58302248
HCPCS	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	2	0	0	2	0.05051505
HCPCS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	2	0	0	2	0.06529514
HCPCS	E2359	POWER WHEELCHAIR ACESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	2	0	0	2	0.10854745
HCPCS	J0135	INJECTION, ADALIMUMAB, 20 MG	0	0	2	2	0.82561559
HCPCS	J0139	INJECTION, ADALIMUMAB, 1 MG	0	0	2	2	0.58300347
HCPCS	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG" TO INSTEAD READ,"INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG	1	0	1	2	0.86163194
HCPCS	J0402	INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG	1	0	1	2	1.04027778
HCPCS	J0802	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	0	0	2	2	0.08141763
HCPCS	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	2	0	0	2	0.06660301
HCPCS	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	2	0	0	2	0.84343171
HCPCS	J1448	INJECTION, TRILACICLIB, 1MG	2	0	0	2	1.05344907
HCPCS	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	2	0	0	2	1.67798032
HCPCS	J2516	INJECTION, PENTAMIDINE ISETHIONATE, 1 MG	2	0	0	2	0.14835264
HCPCS	J2562	INJECTION, PLERIXAFOR, 1 MG	2	0	0	2	0.88570023
HCPCS	J2799	INJECTION, RISPERIDONE (UZEDY), 1 MG	1	0	1	2	0.90734375
HCPCS	J3110	INJECTION, TERIPARATIDE, 10 MCG	2	0	0	2	1.75590278
HCPCS	J3357	INJECTION, USTEKINUMAB, 1 MG	1	0	1	2	1.22194444
HCPCS	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	2	0	0	2	0.52515046
HCPCS	J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	2	0	0	2	0.53504051
HCPCS	J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	2	0	0	2	1.58804977
HCPCS	J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	0	0	2	2	1.0375
HCPCS	J9011	INJECTION, DATOPOTAMAB DERUXTECAN-DLNK, 1 MG	2	0	0	2	1.00866214
HCPCS	J9025	INJECTION, AZACITIDINE, 1 MG	2	0	0	2	0.82572338
HCPCS	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROMEDICS), 5 MG	2	0	0	2	0.52470179
HCPCS	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	2	0	0	2	0.19651042
HCPCS	J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	2	0	0	2	0.70068287
HCPCS	J9206	INJECTION, IRINOTECAN, 20 MG	2	0	0	2	1.82346717

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HCPCS	J9232	INJECTION, DOCETAXEL (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9171, 1MG	2	0	0	2	0.16806186
HCPCS	J9289	INJECTION, NIVOLUMAB, 2 MG AND HYALURONIDASE-NVHY	2	0	0	2	0.44771991
HCPCS	J9306	INJECTION, PERTUZUMAB, 1 MG	2	0	0	2	0.57643519
HCPCS	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	2	0	0	2	0.13419925
HCPCS	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	2	0	0	2	0.20651042
HCPCS	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	2	0	0	2	0.63397569
HCPCS	J9395	INJECTION, FULVESTRANT, 25 MG	2	0	0	2	0.47494792
HCPCS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	2	0	0	2	0.09039352
HCPCS	K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	1	0	1	2	0.43914352
HCPCS	L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	2	0	0	2	0.05116898
HCPCS	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	2	0	0	2	0.08016204
HCPCS	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	1	0	1	2	0.10899306
HCPCS	Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITIONTO PRIMARY PROCEDURE)	0	0	2	2	0.19168403
HCPCS	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	2	0	0	2	0.59758681
HCPCS	Q5122	INJECTION, PEGFILGRASTIM-APGF (NYVEPRIA), BIOSIMILAR, 0.5 MG	2	0	0	2	2.47222226
HCPCS	Q5125	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM	2	0	0	2	0.08674769
HCPCS	S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	1.80068866
HCPCS	S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	0	0	2	2	0.48519676
HCPCS	S5000	PRESCRIPTION DRUG, GENERIC	0	0	2	2	0.52767361
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	2	0	0	2	0.92463542
CPT	0217U	NEUROLOGY (INHERITED ATAXIAS), GENOMIC DNA SEQUENCE ANALYSIS OF 51 GENES INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS	0	0	1	1	1.05824074
CPT	0232T	INJECTION(S), PLATELET RICH PLASMA, ANY TISSUE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	0	0	1	1	0.25895833

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	0318U	PEDIATRICS (CONGENITAL EPIGENETIC DISORDERS), WHOLE GENOME METHYLATION ANALYSIS BY MICROARRAY FOR 50 OR MORE GENES, BLOOD	1	0	0	1	0.81252315
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	1	1	1.11730324
CPT	0537U	ONCOLOGY (COLORECTAL CANCER), ANALYSIS OF CELL-FREE DNA FOR EPIGENOMICPATTERNS, NEXT-GENERATION SEQUENCING, GREATER THAN 2500 DIFFERENTIALLYMETHYLATED REGIONS (DMRS), PLASMA, ALGORITHM REPORTED AS POSITIVE ORNEGATIVE	0	0	1	1	0.87
CPT	0571T	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH SUBSTERNAL ELECTRODE(S), INCLUDING ALL IMAGING GUIDANCE AND ELECTROPHYSIOLOGICAL EVALUATION (INCLUDES DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR REPROGRAMMING OF SENSING OR THERAPEUTIC PARAMETERS), WHEN PERFORMED	1	0	0	1	2.76013889
CPT	0686T	HISTOTRIPSY (IE, NON-THERMAL ABLATION VIA ACOUSTIC ENERGY DELIVERY) OF MALIGNANT HEPATOCELLULAR TISSUE, INCLUDING IMAGE GUIDANCE	0	0	1	1	0.0484375
CPT	1019T	LYMPHOVENOUS BYPASS, INCLUDING ROBOTIC ASSISTANCE, WHEN PERFORMED, PEREXTREMITY	1	0	0	1	0.12511574
CPT	11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	1	0	0	1	0.12842593
CPT	11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSE WHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.5 OR LESS	1	0	0	1	0.96746528
CPT	11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	1	0	0	1	0.16314815
CPT	11954	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER 10 CC	1	0	0	1	1.00548611
CPT	12044	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	1	0	0	1	0.03178241
CPT	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.12878472
CPT	17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	1	0	0	1	0.99503472
CPT	19081	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 STEREOTACTIC GUIDANCE	1	0	0	1	0.10328704
CPT	19300	MASTECTOMY FOR GYNECOMASTIA	1	0	0	1	0.33751157
CPT	19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE	1	0	0	1	0.12511574
CPT	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	1	0	0	1	0.66920139

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	19350	NIPPLE/AREOLA RECONSTRUCTION	1	0	0	1	0.8209375
CPT	20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	0	0	1	1	1.13409841
CPT	20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES	0	0	1	1	1.13409841
CPT	20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA); WITHOUT ULTRASOUND GUIDANCE	1	0	0	1	0.04077546
CPT	20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	1	0	0	1	0.02144676
CPT	20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN 1 PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV, MONTICELLI TYPE)	1	0	0	1	0.05943997
CPT	20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	1	0	0	1	0.97762731
CPT	20912	CARTILAGE GRAFT; NASAL SEPTUM	1	0	0	1	0.97762731
CPT	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	1	0	0	1	0.05758102
CPT	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	1	0	0	1	3.04449074
CPT	21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	1	0	0	1	3.04449074
CPT	21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	1	0	0	1	0.97762731
CPT	22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; LUMBAR	1	0	0	1	0.34798611
CPT	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.10333333
CPT	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	1	0	0	1	0.09208333
CPT	22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.02144676
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)	1	0	0	1	0.02144676
CPT	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.03260417

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CPT	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.09208333
CPT	22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	1	0	0	1	0.03260417
CPT	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE) DEFECT, IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	1	0	1	0.94929398
CPT	23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	1	0	0	1	0.04171296
CPT	23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES REPAIR OF TUBEROSITY(S), WHEN PERFORMED;	1	0	0	1	0.04171296
CPT	24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL (E.G., EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACHMENT	1	0	0	1	0.03435185
CPT	24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	1	0	0	1	0.03435185
CPT	26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT);	1	0	0	1	0.21039352
CPT	26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.21039352
CPT	26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	1	0	0	1	0.21039352
CPT	26989	UNLISTED PROCEDURE, HANDS OR FINGERS	1	0	0	1	0.13168981
CPT	27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT	1	0	0	1	0.02324074
CPT	27280	ARTHRODESIS, SACROILIAC JOINT, OPEN, INCLUDES OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	1	0	0	1	0.25273148
CPT	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	1	0	0	1	0.16611111
CPT	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	1	0	0	1	3.82481481
CPT	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	1	0	0	1	3.82481481
CPT	27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	1	0	0	1	3.82481481
CPT	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	1	0	0	1	0.1346875

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CPT	27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU VARUS OR VALGUS)	1	0	0	1	0.05943997
CPT	27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	1	0	0	1	0.02826389
CPT	27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	1	0	0	1	0.02931713
CPT	27599	UNLISTED PROCEDURE, FEMUR OR KNEE	1	0	0	1	0.12217749
CPT	27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OSTEOMYELITIS); FIBULA	1	0	0	1	0.07717593
CPT	27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	1	0	0	1	0.07717593
CPT	27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	1	0	0	1	0.07717593
CPT	27698	REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	1	0	0	1	0.07717593
CPT	27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	1	0	0	1	0.05943997
CPT	27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	1	0	0	1	0.05943997
CPT	28140	METATARSECTOMY	1	0	0	1	1.99329154
CPT	28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	1	0	0	1	0.03178241
CPT	28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	1	0	0	1	0.03178241
CPT	28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	1	0	0	1	0.04011574
CPT	28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	1	0	0	1	0.03178241
CPT	28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT (SEPARATE PROCEDURE)	1	0	0	1	0.03178241
CPT	28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	1	0	0	1	0.05943997
CPT	28292	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH RESECTION OF PROXIMAL PHALANX BASE, WHEN PERFORMED, ANY METHOD	1	0	0	1	0.03178241
CPT	28297	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH FIRST METATARSAL AND MEDIAL CUNEIFORM JOINT ARTHRODESIS, ANY METHOD	1	0	0	1	0.03178241
CPT	28302	OSTEOTOMY; TALUS	1	0	0	1	0.05943997
CPT	29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	1	0	0	1	0.03178241
CPT	29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	1	0	0	1	0.01444444
CPT	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROC.)	1	0	0	1	0.2003588
CPT	29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	1	0	0	1	0.2003588

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CPT	29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	1	0	0	1	0.04375
CPT	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	1	0	0	1	0.03761574
CPT	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	1	0	0	1	0.03761574
CPT	30110	EXCISION, NASAL POLYP(S), SIMPLE	1	0	0	1	0.0265162
CPT	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	0	0	1	1	0.15759259
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	0.14328294
CPT	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	1	0	0	1	0.03137731
CPT	31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	1	0	0	1	0.08855324
CPT	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.08855324
CPT	31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL ALVEOLAR LAVAGE	1	0	0	1	0.08855324
CPT	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	1	0	0	1	2.76013889
CPT	33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH SUBCUTANEOUS ELECTRODE, INCLUDING DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR REPROGRAMMING OF SENSING OR THERAPEUTIC PARAMETERS, WHEN PERFORMED	1	0	0	1	0.04347222
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	0.08064815
CPT	33361	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	0	0	1	1	0.7456713
CPT	33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	1	0	0	1	0.16929398
CPT	36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	0	0	1	1	0.09048611
CPT	36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROSAL SINUS)	0	0	1	1	0.09048611

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CPT	36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID AND CERVICOCEREBRAL ARCH, WHEN PERFORMED	1	0	0	1	0.20959491
CPT	36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID AND CERVICOCEREBRAL ARCH, WHEN PERFORMED	1	0	0	1	0.20959491
CPT	36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	1	0	0	1	0.20959491
CPT	36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	1	0	0	1	0.20959491
CPT	36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.98181503
CPT	36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.98181503
CPT	36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.98181503
CPT	36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)	1	0	0	1	0.98181503
CPT	36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	1	0	0	1	1.73804398
CPT	36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP; AGE 5 YEARS OR OLDER	1	0	0	1	1.73804398
CPT	36573	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP, INCLUDING ALL IMAGING GUIDANCE, IMAGE DOCUMENTATION, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE INSERTION; AGE 5 YEARS OR OLDER	1	0	0	1	1.73804398
CPT	36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	1	0	0	1	1.73804398
CPT	36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	1	0	0	1	1.73804398

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	0.98181503
CPT	37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; FOR TUMORS, ORGAN ISCHEMIA, OR INFARCTION	1	0	0	1	0.98181503
CPT	38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FORTRANSPLANTATION, PER COLLECTION; ALLOGENEIC	1	0	0	1	0.99708333
CPT	38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS	1	0	0	1	1.73804398
CPT	38220	DIAGNOSTIC BONE MARROW; ASPIRATION(S)	1	0	0	1	0.07236111
CPT	38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	1	0	0	1	0.07236111
CPT	38225	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; HARVESTING OFBLODD-DRIVED T LYMPHOCYTES FOR DEVELOPMENT OF GENETICALLY MODIFIEDAUTOLOGOUS CAR-T CELLS, PER DAY	1	0	0	1	0.99444444
CPT	38226	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; PREPARATION OFBLOOD-DERIVED T LYMPHOCYTES FOR TRANSPORTATION. (EG. CYOPRESERVATION,STORAGE)	1	0	0	1	0.99444444
CPT	38227	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; RECEIPT AND PREPARATIONOF CAR-T CELLS FOR ADMINISTRATION.	1	0	0	1	0.99444444
CPT	38228	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; CAR-T CELLADMINISTRATION, AUTOLOGOUS	1	0	0	1	0.99444444
CPT	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	1	0	0	1	0.12166667
CPT	42800	BIOPSY; OROPHARYNX	1	0	0	1	0.84221065
CPT	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	1	0	0	1	0.04979167
CPT	42830	ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12	1	0	0	1	0.08855324
CPT	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	1	0	0	1	0.08855324
CPT	42835	ADENOIDECTOMY, SECONDARY; YOUNGER THAN AGE 12	1	0	0	1	0.08855324
CPT	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	1	0	0	1	0.08855324
CPT	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH DYNAMIC EVALUATION OF VELUM, PHARYNX, TONGUE BASE, AND LARYNX FOR EVALUATION OF SLEEP-DISORDERED BREATHING, FLEXIBLE, DIAGNOSTIC	1	0	0	1	0.20069444
CPT	43200	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHIING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.14291667
CPT	43220	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC BALLOON DILATION (LESS THAN 30 MM DIAMETER)	1	0	0	1	0.03954861

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CPT	43233	ESOPHAGOGASTRODUODENSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) (INCLUDES FLUOROSCOPIC GUIDANCE, WHEN PERFORMED)	1	0	0	1	0.03954861
CPT	43245	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF GASTRIC/DUODENAL STRICTURE(S), (EG, BALLOON, BOUGIE)	1	0	0	1	0.03954861
CPT	43248	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY PASSAGE OF DILATOR(S) THROUGH ESOPHAGUS OVER GUIDE WIRE	1	0	0	1	0.03954861
CPT	43249	ESOPHAGOGASTRODUODENSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (LESS THAN 30 MM DIAMETER)	1	0	0	1	0.03954861
CPT	43251	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	1	0	0	1	0.03954861
CPT	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)	1	0	0	1	0.07350694
CPT	43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	1	0	0	1	0.15767361
CPT	43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	1	0	0	1	0.15767361
CPT	43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	1	0	0	1	0.15767361
CPT	43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	1	0	0	1	0.15767361
CPT	43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	0	0	1	1	0.78976652
CPT	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	1	0	0	1	0.18869213
CPT	45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	1	0	0	1	0.05053241
CPT	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	1	0	0	1	0.1281713
CPT	49186	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); 5 CM OR LESS	1	0	0	1	0.06588163
CPT	49187	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); 5.1 TO 10 CM	1	0	0	1	0.18869213
CPT	49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	1	0	0	1	0.12166667
CPT	49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	1	0	0	1	0.01363426
CPT	49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	1	0	0	1	0.15767361

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	49593	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 3 CM TO 10 CM REDUCIBLE	1	0	0	1	0.2274537
CPT	49615	REPAIR OF ANTERIOR ABDOMINAL HERNIAS IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN ANY APPROACH IE OPEN LAPAROSCOPIC ROBOTIC RECURRENT INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECTS 3 CM TO 10 CM REDUCIBLE	1	0	0	1	0.16798611
CPT	50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND REMOVAL OF PERINEPHRIC FAT, DIAPHRAGMATIC, AND RETROPERITONEAL ATTACHMENTS, EXCISION OF ADRENAL GLAND, AND PREPARATION OF URETER(S), RENAL VEIN(S), AND RENAL ARTERY(S), LIGATING BRANCHES, AS NECESSARY	1	0	0	1	0.22483796
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	0.22483796
CPT	50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	0	0	1	1	0.08920139
CPT	51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	1	0	0	1	0.11993056
CPT	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING PRESSURE), ANY TECHNIQUE	1	0	0	1	0.11993056
CPT	51741	COMPLEX UROFLOMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	1	0	0	1	0.11993056
CPT	51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE	1	0	0	1	0.11993056
CPT	51797	VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERITONEAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.11993056
CPT	52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	1	0	0	1	0.12710648
CPT	52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER(SEPARATE PROCEDURE); SIMPLE	1	0	0	1	0.02137731
CPT	52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYLEOSCOPY; WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL CATHETERIZATION IS INCLUDED)	1	0	0	1	0.02137731
CPT	52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYLEOSCOPY; WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)	1	0	0	1	0.02137731
CPT	52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	1	0	0	1	0.02137731

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CPT	52597	TRANSURETHRAL ROBOTIC-ASSISTED WATERJET RESECTION OF PROSTATE, INCLUDINGINTRAOPERATIVE PLANNING, ULTRASOUND GUIDANCE, CONTROL OF POSTOPERATIVEBLEEDING, COMPLETE, INCLUDING VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY,URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY, WHENPERFORMED	0	0	1	1	0.6937037
CPT	54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	1	0	0	1	0.05478009
CPT	54322	1-STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT (EG, MAGPI, V-FLAP)	1	0	0	1	0.06790509
CPT	54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	1	0	0	1	0.06790509
CPT	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH	1	0	0	1	0.81103009
CPT	54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	1	0	0	1	0.07297454
CPT	55175	SCROTOPLASTY; SIMPLE	1	0	0	1	0.06790509
CPT	56800	PLASTIC REPAIR OF INTROITUS	1	0	0	1	0.16234954
CPT	56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	0	0	1	1	0.69353009
CPT	57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED	1	0	0	1	0.06989583
CPT	57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED; WITH ENTEROCELE REPAIR	0	0	1	1	0.69353009
CPT	57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	1	0	0	1	0.06989583
CPT	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	1	0	0	1	0.06989583
CPT	57335	VAGINOPLASTY FOR INTERSEX STATE	1	0	0	1	0.16234954
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	0.09368056
CPT	58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND OVARY(S)	1	0	0	1	0.19309028
CPT	58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	1	0	0	1	0.0396875
CPT	58553	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	1	0	0	1	0.14079861
CPT	58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	0	1	0	1	0.89284722
CPT	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D AND C	1	0	0	1	0.01400463
CPT	58674	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY	1	0	0	1	0.02604167

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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)	1	0	0	1	0.20959491
CPT	61635	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL (EG, ATHEROSCLEROTIC STENOSIS), INCLUDING BALLOON ANGIOPLASTY IF PERFORMED	1	0	0	1	0.23269676
CPT	61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SEIZURE MONITORING	1	0	0	1	0.67979167
CPT	63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; CERVICAL	1	0	0	1	0.02144676
CPT	63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, RE-EXPLORATION, SINGLE INTERSPACE; LUMBAR	1	0	0	1	0.06648148
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	0	0	1	1	2.66775463
CPT	63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROACH WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA OR NERVE ROOT(S), LOWER THORACIC, LUMBAR, OR SACRAL; SINGLE SEGMENT	0	1	0	1	0.94929398
CPT	63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROACH WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA OR NERVE ROOT(S), LOWER THORACIC, LUMBAR, OR SACRAL; EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	1	0	1	0.94929398
CPT	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/ PADDLE, EPIDURAL	1	0	0	1	0.0734838
CPT	63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	1	0	0	1	0.43546296
CPT	63710	DURAL GRAFT, SPINAL	1	0	0	1	0.02144676
CPT	64400	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRIGEMINAL NERVE, EACH BRANCH (IE, OPHTHALMIC, MAXILLARY, MANDIBULAR)	1	0	0	1	0.01224537
CPT	64405	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GREATER OCCIPITAL NERVE	1	0	0	1	0.01224537
CPT	64450	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; OTHER PERIPHERAL NERVE OR BRANCH	1	0	0	1	0.01224537
CPT	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	1	0	0	1	0.09922454

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CPT	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	1	0	0	1	0.05052083
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	0	0	1	1	0.78976652
CPT	64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.22954861
CPT	64704	NEUROPLASTY; NERVE OF HAND OR FOOT	1	0	0	1	0.03178241
CPT	64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	1	0	0	1	0.6587963
CPT	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	1	0	0	1	0.6587963
CPT	65756	KERATOPLASTY (CORNEAL TRANSPLANT); EDOTHELIAL	1	0	0	1	1.27351852
CPT	65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	1.27351852
CPT	65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE LAYER, SUTURED	1	0	0	1	0.17956019
CPT	65920	REMOVAL IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	1	0	0	1	1.27351852
CPT	67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (E.G., CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY (INCLUDES INTRAVENOUS INFUSION)	1	0	0	1	2.00928666
CPT	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	1	0	0	1	0.07072917
CPT	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)	1	0	0	1	0.41012289
CPT	67911	CORRECTION OF LID RETRACTION	1	0	0	1	0.1037497
CPT	69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	1	0	0	1	0.19309028
CPT	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, SKULL; WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	0	0	1	1	0.12856481
CPT	69716	IMPLANTATION, OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUSATTACHMENT TO EXTERNAL SPEECH PROCESSOR, WITHIN THE MASTOID AND/ORRESULTING IN REMOVAL OF LESS THAN 100 SQ MM SURFACE AREA OF BONE DEEP TOTHE OUTER CRANIAL CORTEX).	1	0	0	1	0.0894213
CPT	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	0	0	1	1	0.89988426
CPT	70473	COMPUTED TOMOGRAPHIC (CT) CEREBRAL PERFUSION ANALYSIS WITH CONTRASTMATERIAL(S), INCLUDING IMAGE POSTPROCESSING PERFORMED WITHOUT CONCURRENTCT OR CT ANGIOGRAPHY OF THE SAME ANATOMY	1	0	0	1	0.04107639
CPT	70491	COMPUTERIZED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	1	0	0	1	1.73804398

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CPT	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	1	0	0	1	0.03725694
CPT	71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	1	0	0	1	0.9153125
CPT	71250	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.45663194
CPT	71260	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITH CONTRAST MATERIAL(S)	1	0	0	1	1.73804398
CPT	71270	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	1	0	0	1	0.10909722
CPT	72128	COMPUTERIZED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.05346065
CPT	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.03116898
CPT	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.05346065
CPT	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.05346065
CPT	73221	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	1	0	0	1	0.03116898
CPT	73222	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	1	0	0	1	0.03738426
CPT	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	1	0	0	1	1.73804398
CPT	74183	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	1	0	0	1	0.03234954
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	0.71929398
CPT	75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.98181503
CPT	75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.98181503
CPT	75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	0	0	1	1	0.09048611
CPT	75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	0	0	1	1	0.09048611
CPT	75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	0	0	1	1	0.09048611
CPT	75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	0	0	1	1	0.09048611

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CPT	75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.20959491
CPT	75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION, OTHER THAN FOR THROMBOLYSIS	1	0	0	1	0.20959491
CPT	76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION	1	0	0	1	0.67979167
CPT	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, (CATHETER ONLY OR COMPLETE), OR REMOVAL (INCLUDES FLUOROSCOPIC GUIDANCE FOR VASCULAR ACCESS AND CATHETER MANIPULATION, ANY NECESSARY CONTRAST INJECTIONS THROUGH ACCESS SITE OR CATHETER WITH RELATED VENOGRAPHY RADIOLOGIC SUPERVISION AND INTERPRETATION, AND RADIOGRAPHIC DOCUMENTATION OF FINAL CATHETER POSITION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	1.73804398
CPT	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	1	0	1	0.94929398
CPT	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	0	0	1	1	0.08920139
CPT	77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	1	0	0	1	0.98181503
CPT	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	1	0	0	1	0.98181503
CPT	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	1	0	0	1	0.98181503
CPT	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	1	0	0	1	0.98181503
CPT	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DOSE, AS REQUIRED DURING COURSE OF TREATMENT, ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	1	0	0	1	0.98181503
CPT	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	1	0	0	1	0.98181503
CPT	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	1	0	0	1	0.98181503
CPT	77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	1	0	0	1	0.98181503
CPT	78433	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), DUAL RADIOTRACER (EG, MYOCARDIAL VIABILITY); WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	1	0	0	1	0.06440972

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION	1	0	0	1	0.13815972
CPT	78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTEDTOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATIONIMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)	1	0	0	1	0.07366898
CPT	78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) TRANSMISSION SCAN FOR ANATOMICAL REVIEW, LOCALIZATION AND DETERMINATION/DETECTION OF PATHOLOGY, SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS) OR ACQUISITION, SINGLE DAY IMAGING	1	0	0	1	0.98181503
CPT	79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	1	0	0	1	0.98181503
CPT	80299	QUANTITATION OF THERAPEUTIC DRUG, NOT ELSEWHERE SPECIFIED	1	0	0	1	0.86127315
CPT	80349	CANNABINOIDS, NATURAL	1	0	0	1	0.79479297
CPT	80353	COCAINE	1	0	0	1	0.79479297
CPT	80436	METYRAPONE PANEL	1	0	0	1	0.79925926
CPT	81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITH MICROSCOPY	1	0	0	1	0.9153125
CPT	81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH MICROSCOPY	1	0	0	1	0.9153125
CPT	81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	1	0	0	1	0.9153125
CPT	81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	1	1	0.12777977
CPT	81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	0	0	1	1	0.12777977
CPT	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	0	0	1	1	0.12777977
CPT	81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE	1	0	0	1	0.11024052
CPT	81216	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	1	1	0.12777977

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CPT	81263	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARIABLE REGION SOMATIC MUTATION ANALYSIS	1	0	0	1	0.12202546
CPT	81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	1	0	1	0.19915509
CPT	81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANT	0	1	0	1	0.19915509
CPT	81324	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/ DELETION ANALYSIS	1	0	0	1	0.14350694
CPT	81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARYNEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULLSEQUENCE ANALYSIS	1	0	0	1	0.14350694
CPT	81336	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; FULL GENE SEQUENCE	1	0	0	1	0.14350694
CPT	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	0	1	0	1	0.19915509
CPT	81370	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, -C, -DRB1/3/4/5, AND -DQB1	1	0	0	1	0.72752315
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	0.26251157
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	0.72752315

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	0	1	1	0.72137731
CPT	81412	ASHKENAZI JEWISH ASSOCIATED DISORDERS (EG, BLOOM SYNDROME, CANAVAN DISEASE, CYSTIC FIBROSIS, FAMILIAL DYSAUTONOMIA, FANCONI ANEMIA GROUP C, GAUCHER DISEASE, TAY-SACHS DISEASE), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCEING OF AT LEAST 9 GENES, INCLUDING ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, AND SMPD1	0	0	1	1	3.31817809
CPT	81413	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A	0	0	1	1	0.87709491
CPT	81414	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); DUPLICATION/DELETION GENE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 2 GENES, INCLUDING KCNH2 AND KCNQ1	0	0	1	1	0.87709491
CPT	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	0	0	1	1	2.90454861
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)	0	0	1	1	2.90454861

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	81439	HEREDITARY CARDIOMYOPATHY (EG, HYPERTROPHIC CARDIOMYOPATHY, DILATED CARDIOMYOPATHY, ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY) GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 GENES, INCLUDING DSG2, MYBPC3, MYH7, PKP2, AND TTN	1	0	0	1	1.0671412
CPT	81470	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, AND SLC16A2	1	0	0	1	0.06685185
CPT	81540	ONCOLOGY (TUMOR OF UNKNOWN ORIGIN), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 92 GENES (87 CONTENT AND 5 HOUSEKEEPING) TO CLASSIFY TUMOR INTO MAIN CANCER TYPE AND SUBTYPE, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A PROBABILITY OF A PREDICTED MAIN CANCER TYPE AND SUBTYPE	1	0	0	1	2.14120553
CPT	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	1	0	0	1	0.15684028
CPT	82105	ALPHA-FETOPROTEIN; SERUM	0	0	1	1	2.66430556
CPT	82232	BETA-2 MICROGLOBULIN	1	0	0	1	0.58633102
CPT	82248	BILIRUBIN; DIRECT	1	0	0	1	1.73804398
CPT	82330	CALCIUM; IONIZED	1	0	0	1	1.73804398
CPT	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	0	0	1	1	2.66430556
CPT	82533	CORTISOL; TOTAL	1	0	0	1	0.15684028
CPT	82610	CYSTATIN C	1	0	0	1	0.10402778
CPT	82668	ERYTHROPOIETIN	0	0	1	1	1.02010417
CPT	83003	GROWTH HORMONE HUMAN (HGH), (SOMATOTROPIN); RIA	1	0	0	1	0.15684028
CPT	83010	HAPTOGLOBIN; QUANTITATIVE	1	0	0	1	0.67427083
CPT	83521	IMMUNOGLOBULIN LIGHT CHAINS (IE, KAPPA, LAMBDA), FREE, EACH	1	0	0	1	0.67427083
CPT	83735	MAGNESIUM	1	0	0	1	0.59528935
CPT	83880	NATRIURETIC PEPTIDE	0	0	1	1	0.32701389
CPT	84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	0	0	1	1	2.66430556
CPT	84155	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD	1	0	0	1	0.67427083
CPT	84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM	1	0	0	1	0.67427083
CPT	84439	THYROXINE; FREE	1	0	0	1	0.59528935
CPT	84443	THYROID STIMULATING HORMONE (TSH)	1	0	0	1	0.59528935
CPT	85045	BLOOD COUNT; RETICULOCYTE, AUTOMATED	1	0	0	1	0.67427083
CPT	86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	0	0	1	1	2.66430556
CPT	86316	IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4, 549), EACH	0	0	1	1	2.66430556

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT OTHERWISE SPECIFIED	1	0	0	1	0.9153125
CPT	86334	IMMUNOFIXATION ELECTROPHORESIS; SERUM	1	0	0	1	0.67427083
CPT	86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETECTION OF BIOMARKER (EG, ATP)	0	0	1	1	1.31009839
CPT	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (E.G., FLOW CYTOMETRY), NOT OTHERWISE SPECIFIED, EACH ANTIGEN	1	0	0	1	0.67427083
CPT	86367	STEM CELLS (IE, CD34), TOTAL COUNT	1	0	0	1	1.73804398
CPT	86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; GAMMA INTERFERON	1	0	0	1	0.9153125
CPT	86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)	1	0	0	1	0.9153125
CPT	86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	1	0	0	1	0.9153125
CPT	86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	1	0	0	1	0.9153125
CPT	86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	1	0	0	1	0.9153125
CPT	86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	1	0	0	1	0.9153125
CPT	86687	ANTIBODY; HTLV I	1	0	0	1	0.9153125
CPT	86688	ANTIBODY; HTLV II	1	0	0	1	0.9153125
CPT	86701	ANTIBODY; HIV-1	1	0	0	1	0.9153125
CPT	86704	HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL	1	0	0	1	0.9153125
CPT	86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	1	0	0	1	0.9153125
CPT	86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	1	0	0	1	0.9153125
CPT	86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	1	0	0	1	0.9153125
CPT	86787	ANTIBODY; VARICELLA-ZOSTER	1	0	0	1	0.9153125
CPT	86803	HEPATITIS C ANTIBODY;	1	0	0	1	0.9153125
CPT	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	1	0	0	1	0.67427083
CPT	87340	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; HEPATITIS B SURFACE ANTIGEN (HBSAG)	1	0	0	1	0.9153125
CPT	87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, QUANTIFICATION, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED	1	0	0	1	0.01472222
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	0.9153125

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CPT	87633	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS, METAPNEUMOVIRUS, PARAINFLUENZA VIRUS, RESPIRATORY SYNCYTIAL VIRUS, RHINOVIRUS), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TARGETS	1	0	0	1	1.73804398
CPT	87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), AMPLIFIED PROBE TECHNIQUE	1	0	0	1	1.73804398
CPT	87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; AMPLIFIED PROBE TECHNIQUE, EACH ORGANISM	1	0	0	1	0.78670139
CPT	87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; QUANTIFICATION, EACH ORGANISM	1	0	0	1	0.78670139
CPT	88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS	0	1	0	1	0.8352662
CPT	88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	0	1	0	1	0.8352662
CPT	88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	0	1	0	1	0.8352662
CPT	88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)	0	1	0	1	0.8352662
CPT	88313	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE);GROUP II, ALL OTHER, (EG, IRON, TRICHROME), EXCEPT IMMUNOCYTOCHEMISTRY ANDIMMUNOPEROXIDASE STAINS, EACH	0	1	0	1	0.8352662
CPT	88364	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; EACH ADDITIONAL SINGLE PROBE STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.1433536
CPT	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	0	0	1	1	0.84800926
CPT	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	0	0	1	1	0.84800926
CPT	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	0	0	1	1	0.84800926
CPT	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	0	0	1	1	0.84800926
CPT	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	0	0	1	1	0.84800926
CPT	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	0	0	1	1	0.84800926
CPT	90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	0	0	1	1	0.84800926
CPT	90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	0	0	1	1	0.84800926
CPT	91111	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS WITH INTERPRETATION AND REPORT	1	0	0	1	0.3305787
CPT	91125	ANORECTAL MANOMETRY, WITH RECTAL SENSATION AND RECTAL BALLOON EXPULSIONTEST, WHEN PERFORMED	1	0	0	1	0.14927083
CPT	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	1	0	0	1	0.10673611

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL (IE, ONE WARM AND ONE COOL IRRIGATION IN EACH EAR FOR A TOTAL OF FOUR IRRIGATIONS)	0	0	1	1	0.10196759
CPT	92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING, AND ACOUSTIC REFLEX DECAY TESTING	0	0	1	1	0.10196759
CPT	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER, SUBSEQUENT REPROGRAMMING	1	0	0	1	0.13465278
CPT	92628	EVALUATION FOR HEARING AID CANDIDACY, UNILATERAL OR BILATERAL, INCLUDINGREVIEW AND INTEGRATION OF AUDIOLOGIC FUNCTION TESTS, ASSESSMENT, ANDINTERPRETATION OF HEARING NEEDS (EG, SPEECH-IN-NOISE, SUPRATHRESHOLDHEARING MEASURES), DISCUSSION OF CANDIDACY RESULTS, COUNSELING ONTREATMENT OPTIONS WITH REPORT, AND, WHEN PERFORMED, ASSESSMENT OFCOGNITIVE AND COMMUNICATION STATUS; FIRST 30 MINUTES	0	0	1	1	0.10196759
CPT	92631	HEARING AID SELECTION SERVICES, UNILATERAL OR BILATERAL, INCLUDING REVIEWOF AUDIOLOGIC FUNCTION TESTS AND HEARING AID CANDIDACY EVALUATION,ASSESSMENT OF VISUAL AND DEXTERITY LIMITATIONS, AND PSYCHOSOCIAL FACTORS,ESTABLISHMENT OF DEVICE TYPE, OUTPUT REQUIREMENTS, SIGNAL PROCESSINGSTRATEGIES AND ADDITIONAL FEATURES, DISCUSSION OF DEVICE RECOMMENDATIONSWITH REPORT; FIRST 30 MINUTES	0	0	1	1	0.10196759
CPT	92634	HEARING AID FITTING SERVICES, UNILATERAL OR BILATERAL, INCLUDING DEVICEANALYSIS, PROGRAMMING, VERIFICATION, COUNSELING, ORIENTATION, ANDTRAINING, AND, WHEN PERFORMED, HEARING ASSISTIVE DEVICE, SUPPLEMENTALTECHNOLOGY FITTING SERVICES; FIRST 60 MINUTES	0	0	1	1	0.10196759
CPT	93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT	1	0	0	1	0.9153125
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	0	0	1	1	1.27974537
CPT	93279	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; SINGLE LEAD PACEMAKER SYSTEM OR LEADLESS PACEMAKER SYSTEM IN ONE CARDIAC CHAMBER	1	0	0	1	0.0506713
CPT	93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM WITH INTERIM ANALYSIS, REVIEW(S) AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1	0	0	1	2.76013889
CPT	93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.06447917

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.06447917
CPT	93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICHIS DISTINCT FROM THE PRIMARY ABLATED MECHANISM, INCLUDING REPEATDIAGNOSTIC MANEUVERS, TO TREAT A SPONTANEOUS OR INDUCED ARRHYTHMIA (LISTSEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.06447917
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	0.06447917
CPT	93702	BIOIMPEDANCE SPECTROSCOPY (BIS), EXTRACELLULAR FLUID ANALYSIS FOR LYMPHEDEMA ASSESSMENT(S)	0	0	1	1	0.91385417
CPT	94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONCHODILATOR ADMINISTRATION	1	0	0	1	0.9153125
CPT	94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	1	0	0	1	0.9153125
CPT	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY RESISTANCE	1	0	0	1	0.9153125
CPT	94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.9153125
CPT	95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	0	0	1	1	0.73037037
CPT	95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE DAYS OF RECORDING)	0	0	1	1	0.10851852
CPT	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	0	0	1	1	0.10851852
CPT	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	0	0	1	1	0.10851852
CPT	95822	ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY	1	0	0	1	0.0275463
CPT	95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	0	1	0	1	0.18528935
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	0	1	0.15451389
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	0	1	0.15451389

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	1	0	0	1	0.21443287
CPT	95976	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 CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1	0	0	1	2.66149306
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	0	0	1	1	0.78976652
CPT	96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING FUNCTIONAL BRAIN MAPPING, WITH TEST ADMINISTERED ENTIRELY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (IE, PSYCHOLOGIST), WITH REVIEW OF TEST RESULTS AND REPORT	1	0	0	1	0.0275463
CPT	96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	1	0	0	1	0.71719907
CPT	96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	1	0	0	1	0.89251157
CPT	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	0	0	1	1	0.82223137
CPT	97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	1	0	0	1	0.84009259
CPT	97016	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES	1	0	0	1	1.46103167
CPT	97035	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	1	0	0	1	3.70594907
CPT	97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	1	0	0	1	3.70594907
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	0.51429398

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CPT	97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE-ON-ONE) PATIENT CONTACT; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.51429398
CPT	97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	1	0	0	1	0.84009259
CPT	97152	BEHAVIOR IDENTIFICATION-SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	1	0	0	1	0.68546296
CPT	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	1	0	0	1	1.82997685
CPT	97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: -A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; -AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; - A CLINICAL PRESENTATION WITH STABLE AND/OR UNCOMPLICATED CHARACTERISTICS; AND -CLINICAL DECISION MAKING OF LOW COMPLEXITY USING 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	1	0	0	1	0.39390303
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	0.39390303
CPT	97163	PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: -A HISTORY OF PRESENT PROBLEM WITH 3 OR MORE PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; -AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES ADDRESSING A TOTAL OF 4 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; -A CLINICAL PRESENTATION WITH UNSTABLE AND UNPREDICTABLE CHARACTERISTICS; AND -CLINICAL DECISION MAKING OF HIGH COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	1	0	0	1	0.39390303

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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.	1	0	0	1	1.46103167
CPT	97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DURABLE MEDICAL EQUIPMENT (DME), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS	1	0	0	1	0.12511574
CPT	97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES	1	0	0	1	0.39390303
CPT	99152	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT'S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS; INITIAL 15 MINUTES OF INTRASERVICE TIME, PATIENT AGE 5 YEARS OR OLDER	1	0	0	1	1.73804398
CPT	99156	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OTHER THAN THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS; INITIAL 15 MINUTES OF INTRASERVICE TIME, PATIENT AGE 5 YEARS OR OLDER	1	0	0	1	0.07236111
CPT	99157	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OTHER THAN THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS; EACH ADDITIONAL 15 MINUTES INTRASERVICE TIME (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	1	0	0	1	0.07236111
CPT	99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 15 MINUTES MUST BE MET OR EXCEEDED.	0	0	1	1	0.99728009
CPT	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1	0	0	1	0.05831019
CPT	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 10 MINUTES MUST BE MET OR EXCEEDED.	1	0	0	1	0.05831019
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.	1	0	0	1	0.05831019

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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.	1	0	0	1	0.16533565
CPT	99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVANCE DIRECTIVES SUCH AS STANDARD FORMS (WITH COMPLETION OF SUCH FORMS, WHEN PERFORMED), BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; FIRST 30 MINUTES, FACE-TO-FACE WITH THE PATIENT, FAMILY MEMBER(S), AND/OR SURROGATE	1	0	0	1	0.9153125
CPT	99498	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVANCE DIRECTIVES SUCH AS STANDARD FORMS (WITH COMPLETION OF SUCH FORMS, WHEN PERFORMED), BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.9153125
CPT	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	0	0	1	1	0.20599537
HCPCS	A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	1	0	0	1	0.20827546
HCPCS	A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	1	0	0	1	0.01444444
HCPCS	A4245	ALCOHOL WIPES, PER BOX (100)	0	0	1	1	0.90068287
HCPCS	A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OUNCE.	0	0	1	1	0.90068287
HCPCS	A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	0	0	1	1	0.90068287
HCPCS	A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	0	0	1	1	0.90068287
HCPCS	A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	0	0	1	1	2.12868931
HCPCS	A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	0	0	1	1	0.90068287
HCPCS	A5120	SKIN BARRIER, WIPES OR SWABS, EACH	0	0	1	1	0.90068287
HCPCS	A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	0	0	1	1	0.90068287
HCPCS	A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	0	0	1	1	0.90068287
HCPCS	A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	0	0	1	1	0.90068287
HCPCS	A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	0	0	1	1	0.90068287
HCPCS	A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	0	0	1	1	0.90068287
HCPCS	A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	0	0	1	1	0.90068287
HCPCS	A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	1	0	0	1	0.76019676
HCPCS	A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE	1	0	0	1	0.13815972

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HCPCS	A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	1	0	0	1	0.98181503
HCPCS	A9592	COPPER CU-64, DOTATATE, DIAGNOSTIC, 1 MILLICURIE	1	0	0	1	0.06791667
HCPCS	A9597	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED	1	0	0	1	0.02538194
HCPCS	A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN, THERAPEUTIC, 1 MILLICURIE	1	0	0	1	0.1870888
HCPCS	C1728	CATHETER, BRACHYTHERAPY SEED ADMINISTRATION	1	0	0	1	0.73041667
HCPCS	C1737	JOINT FUSION AND FIXATION DEVICE(S), SACROILIAC AND PELVIS, INCLUDING ALLSYSTEM COMPONENTS (IMPLANTABLE)	1	0	0	1	4.4226673
HCPCS	C1747	ENDOSCOPE, SINGLE-USE (I.E. DISPOSABLE), URINARY TRACT, IMAGING/ ILLUMINATION DEVICE (INSERTABLE)	1	0	0	1	0.02137731
HCPCS	C1776	JOINT DEVICE (IMPLANTABLE)	1	0	0	1	0.20631105
HCPCS	C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	0	0	1	1	4.73938286
HCPCS	C2616	BRACHYTHERAPY SOURCE, YTTRIUM-90	1	0	0	1	0.98181503
HCPCS	C8007	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY AND PULSEGENERATOR, NOT REQUIRING INSERTION OF A SEPARATE DISTAL RESPIRATORY SENSORELECTRODE OR ELECTRODE ARRAY	1	0	0	1	0.26849537
HCPCS	C8014	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY, WITH LITHOTRIPSY,INCLUDING USE OF A SUCTION ENABLED URETERAL ACCESS SHEATH, WITH IRRIGATION(IF PERFORMED)	1	0	0	1	0.02137731
HCPCS	E0236	PUMP FOR WATER CIRCULATING PAD	0	1	0	1	0.06025463
HCPCS	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	0	1	0	1	0.24282407
HCPCS	E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	0	1	0	1	0.24282407
HCPCS	E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	0	1	0	1	0.24282407
HCPCS	E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	0	1	0	1	0.06025463
HCPCS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	1	0	0	1	0.07583333
HCPCS	E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	1	0	0	1	0.07583333
HCPCS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	1	0	0	1	0.07583333
HCPCS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	1	0	0	1	0.07583333
HCPCS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	1	0	0	1	0.07583333
HCPCS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	1	0	0	1	0.07583333

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	E0978	WHEELCHAIR ACCESSORY, POSITIONING/SAFETY BELT/PELVIC STRAP, EACH	1	0	0	1	0.07583333
HCPCS	E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	1	0	0	1	0.1049537
HCPCS	E1033	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE FOR HEADREST, CUSHIONED, ANY TYPE	1	0	0	1	0.07583333
HCPCS	E1034	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE FOR LATERAL TRUNK OR HIP SUPPORT, ANY TYPE	1	0	0	1	0.07583333
HCPCS	E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	1	0	0	1	0.07583333
HCPCS	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	1	0	0	1	0.1049537
HCPCS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	1	0	0	1	0.07583333
HCPCS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	1	0	0	1	0.07583333
HCPCS	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	1	0	0	1	0.1049537
HCPCS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	1	0	0	1	0.07583333
HCPCS	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	1	0	0	1	0.05475694
HCPCS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1	0	0	1	0.07583333
HCPCS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1	0	0	1	0.07583333
HCPCS	G0491	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FOR ACUTE KIDNEY INJURY WITHOUT ESRD	1	0	0	1	1.890625
HCPCS	G0565	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OFSUBCUTANEOUS POCKET AT DIFFERENT ANATOMIC SITE AND INSERTION OF NEW 365DAY IMPLANTABLE SENSOR, INCLUDING SYSTEM ACTIVATION	0	0	1	1	4.71268825
HCPCS	H2035	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	0	0	1	1	0.14501157
HCPCS	J0165	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	0	0	1	1	0.87291667
HCPCS	J0174	LECANEMAB-IRMB, FOR INTRAVENOUS INJECTION, 1 MG	0	0	1	1	0.79494213
HCPCS	J0202	INJECTION, ALEMTUZUMAB, 1 MG	1	0	0	1	0.4069213
HCPCS	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	0	0	1	1	1.06319444
HCPCS	J0490	INJECTION, BELIMUMAB, 10 MG	1	0	0	1	0.14991609
HCPCS	J0577	INJECTION, BUPRENORPHINE EXTENDEDRELEASE (BRIXADI), LESS THAN OR EQUAL TO 7 DAYS OF THERAPY	1	0	0	1	0.970625
HCPCS	J0578	INJECTION, BUPRENORPHINE EXTENDEDRELEASE INJECTION, BUPRENORPHINE EXTENDED RELEASE BRIXADI GREATER THAN 7 DAYS OF THERAPY	1	0	0	1	0.970625
HCPCS	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	1	0	0	1	0.92702546

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	1	0	0	1	0.92702546
HCPCS	J0591	INJECTION, DEOXYCHOLIC ACID, 1 MG.	1	0	0	1	0.05623843
HCPCS	J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	0	0	1	1	1.92638889
HCPCS	J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	1	0	0	1	0.04777778
HCPCS	J0834	INJECTION, COSYNTROPIN, 0.25 MG	1	0	0	1	0.15684028
HCPCS	J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	1	0	0	1	0.94853009
HCPCS	J0888	INJECTION, EPOETIN BETA, 1 MCG, (FOR NON-ESRD USE)	1	0	0	1	0.89092593
HCPCS	J0894	INJECTION, DECITABINE, 1 MG	1	0	0	1	0.05899306
HCPCS	J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	1	0	0	1	0.09302083
HCPCS	J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	1	0	0	1	0.48250161
HCPCS	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG	1	0	0	1	0.03587963
HCPCS	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	1	0	0	1	0.77819444
HCPCS	J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	1	0	0	1	0.15684028
HCPCS	J1744	INJECTION, ICATIBANT, 1 MG	1	0	0	1	0.92717593
HCPCS	J1951	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG	1	0	0	1	1.005
HCPCS	J2182	INJECTION, MEPOLIZUMAB, 1 MG	0	0	1	1	1.00416667
HCPCS	J2260	INJECTION, MILRINONE LACTATE, 5 MG	1	0	0	1	0.20322917
HCPCS	J2323	INJECTION, NATALIZUMAB, 1 MG	1	0	0	1	1.97652778
HCPCS	J2351	INJECTION, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ	1	0	0	1	0.71719907
HCPCS	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	1	0	0	1	0.180625
HCPCS	J2401	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 1 MG	1	0	0	1	0.92799769
HCPCS	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	1	0	0	1	3.10112269
HCPCS	J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG	0	0	1	1	0.99597222
HCPCS	J2783	INJECTION, RASBURICASE, 0.5 MG	1	0	0	1	0.34383102
HCPCS	J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	1	0	0	1	0.11306713
HCPCS	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	1	0	0	1	1.00979167
HCPCS	J3262	INJECTION, TOCILIZUMAB, 1 MG	1	0	0	1	1.01388889
HCPCS	J3285	INJECTION, TREPROSTINIL, 1 MG	1	0	0	1	1.01469907
HCPCS	J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	0	0	1	1	1.94375
HCPCS	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	0	0	1	1	1.77096065
HCPCS	J3380	INJECTION, VEDOLIZUMAB, 1 MG	0	0	1	1	1.90833333
HCPCS	J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	1	0	0	1	0.23046296

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	1	0	0	1	0.23046296
HCPCS	J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	1	0	0	1	0.05
HCPCS	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	1	0	0	1	2.91466689
HCPCS	J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOSEVEN RT), 1 MICROGRAM	1	0	0	1	0.05412037
HCPCS	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	1	0	0	1	2.81708333
HCPCS	J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIO), PER FACTOR VIII I.U.	1	0	0	1	0.04930556
HCPCS	J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG	0	0	1	1	2.53402778
HCPCS	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	1	0	0	1	1.1355787
HCPCS	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PERDOSE	0	0	1	1	3.05418981
HCPCS	J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	1	0	0	1	4.85923586
HCPCS	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	1	0	0	1	0.26251157
HCPCS	J8700	TEMOZOLMIDE, ORAL, 5 MG	1	0	0	1	2.04027778
HCPCS	J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	1	0	0	1	0.93070602
HCPCS	J9041	INJECTION, BORTEZOMIB, 0.1 MG	1	0	0	1	0.22994213
HCPCS	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	1	0	0	1	3.10112269
HCPCS	J9043	INJECTION, CABAZITAXEL, 1 MG	1	0	0	1	0.19257126
HCPCS	J9047	INJECTION, CARFILZOMIB, 1 MG	1	0	0	1	0.1630787
HCPCS	J9062	INJECTION, AMIVANTAMAB 5 MG AND HYALURONIDASE-LPUJ	1	0	0	1	1.2415625
HCPCS	J9065	INJECTION, CLADRIBINE, PER 1 MG	1	0	0	1	0.19803241
HCPCS	J9072	INJECTION, CYCLOPHOSPHAMIDE (FRINDOVYX), 5 MG	1	0	0	1	0.1430787
HCPCS	J9100	INJECTION, CYTARABINE, 100 MG.	1	0	0	1	0.084375
HCPCS	J9119	INJECTION, CEMIPLIMAB-RWLC, 1 MG	1	0	0	1	0.07228009
HCPCS	J9130	DACARBAZINE, 100 MG	1	0	0	1	1.13935185
HCPCS	J9155	INJECTION, DEGARELIX, 1 MG	1	0	0	1	0.15732639
HCPCS	J9196	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	1	0	0	1	0.95798295
HCPCS	J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	1	0	0	1	0.07467593
HCPCS	J9228	INJECTION, IPILIMUMAB, 1 MG	1	0	0	1	0.1047338
HCPCS	J9245	INJECTION, MELPHALAN HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 50 MG	1	0	0	1	0.38753472
HCPCS	J9278	INJECTION, CARBOPLATIN (AVYXA), 1 MG	1	0	0	1	0.21952546

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HCPCS	J9296	INJECTION, PEMETREXED (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9305,10 MG	1	0	0	1	0.92749131
HCPCS	J9321	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	1	0	0	1	0.0525463
HCPCS	J9326	INJECTION, TELISOTUZUMAB VEDOTIN-TLLV, 1 MG	1	0	0	1	1.01956019
HCPCS	J9360	VINBLASTINE SULFATE, 1 MG	1	0	0	1	1.13935185
HCPCS	J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	1	0	0	1	3.67056713
HCPCS	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1	0	0	1	0.07847222
HCPCS	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1	0	0	1	0.05475694
HCPCS	L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	0	0	1	0.14415188
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	1	0	0	1	2.5996412
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	1	0	0	1	0.03453704
HCPCS	L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	0	0	1	1	0.01396991
HCPCS	L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	0	0	1	1	0.02416667
HCPCS	L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	0	0	1	0.02018519
HCPCS	L8500	ARTIFICIAL LARYNX, ANY TYPE	0	0	1	1	0.90068287
HCPCS	L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH OR EQUAL, REPLACEMENT ONLY, EACH	0	0	1	1	0.90068287
HCPCS	L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	1	0	0	1	0.18319444
HCPCS	L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	1	0	0	1	0.82373843

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HCPCS	L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	1	0	0	1	0.26849537
HCPCS	P9010	BLOOD (WHOLE) FOR TRANSFUSION, PER UNIT	1	0	0	1	1.73804398
HCPCS	Q0237	INJ, TOCILIZUMAB-ANOH, HOSPI	0	0	1	1	2.12708333
HCPCS	Q2041	AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	1	0	0	1	0.99444444
HCPCS	Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10MG	1	0	0	1	0.17918981
HCPCS	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	1	0	0	1	0.48075231
HCPCS	Q4101	APLIGRAF, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TOPRIMARY PROCEDURE)	1	0	0	1	0.14777778
HCPCS	Q4133	GRAFIX PRIME, GRAFIXPL PRIME, STRAVIX AND STRAVIXPL, PER SQUARE CENTIMETER(ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	1	0	0	1	0.12878472
HCPCS	Q4137	AMNIOEXCEL, AMNIOEXCEL PLUS OR BIODEXCEL, PER SQUARE CENTIMETER (ADD-ON,LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	0	0	1	1	0.27204861
HCPCS	Q4166	CYTAL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TOPRIMARY PROCEDURE)	0	0	1	1	0.27204861
HCPCS	Q4186	EPIFIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TOPRIMARY PROCEDURE)	1	0	0	1	1.0290162
HCPCS	Q5105	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR ESRD ON DIALYSIS), 100 UNITS	1	0	0	1	1.2915873
HCPCS	Q5113	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10MG	1	0	0	1	0.13809028
HCPCS	Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	1	0	0	1	0.07856481
HCPCS	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	1	0	0	1	1.58902778
HCPCS	Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG.	1	0	0	1	1.02570602
HCPCS	Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	1	0	0	1	0.13809028
HCPCS	Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	0	0	1	1	0.81613426
HCPCS	Q5143	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	0	0	1	1	0.84913194
HCPCS	Q5146	INJECTION, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG	1	0	0	1	3.06997494
HCPCS	Q5156	INJECTION, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	1	0	0	1	0.82987269
HCPCS	Q5162	INJECTION, DENOSUMAB-NXXP, BIOSIMILAR, 1 MG	1	0	0	1	1.09172454
HCPCS	Q9982	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	1	0	0	1	0.07366898
HCPCS	S0090	SILDENAFIL CITRATE, 25 MG	0	0	1	1	0.75069444
HCPCS	S0106	BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS	0	0	1	1	0.87777778
HCPCS	S0122	INJECTION, MENOTROPINS, 75 IU	0	0	1	1	0.13462963

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HCPCS	S0138	FINASTERIDE, 5 MG	0	0	1	1	0.84427774
HCPCS	S1091	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM (PROPEL)	0	0	1	1	1.96287615
HCPCS	S2112	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE (CHONDROCYTE CELLS)	1	0	0	1	1.09991898
HCPCS	S5571	INSULIN DELIVERY DEVICE, DISPOSABLE PEN (INCLUDING INSULIN); 3 ML SIZE	1	0	0	1	0.9206713
HCPCS	S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.07488426
HCPCS	S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.57930375
HCPCS	S9359	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G., INFLIXIMAB); 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	0.02450231
HCPCS	S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER BUT NOT MORE THAN TWO LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, INCLUDES STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA, AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.07488426
HCPCS	S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.60351852
HCPCS	S9375	HOME INFUSION THERAPY, HYDRATION THERAPY, MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS 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	0.60351852
HCPCS	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	0	0	1	1	0.10833333
HCPCS	S9494	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUG AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE WITH HOME INFUSION CODES FOR HOURLY DOSING SCHEDULES S9497-S9504)	1	0	0	1	0.20322917
HCPCS	S9503	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATLEY), PER DIEM	0	0	1	1	0.01862269
HCPCS	S9990	SERVICES PROVIDED AS PART OF A PHASE II CLINICAL TRIAL	1	0	0	1	0.17021991

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	V2623	PROSTHETIC, EYE, PLASTIC, CUSTOM	1	0	0	1	0.65219907
HCPCS	V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	1	0	0	1	0.65219907
HCPCS	V2629	PROSTHETIC EYE, OTHER TYPE	1	0	0	1	0.65219907
HCPCS	V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	1	0	0	1	1.27351852
HCPCS	V5257	HEARING AID, DIGITAL, MONAURAL, BTE	0	0	1	1	0.10196759
HCPCS	V5261	HEARING AID, DIGITAL, BINAURAL, BTE	0	0	1	1	0.28241898
Revenue	0944	OTHER THERAPEUTIC SERVICES - DRUG REHABILITATION	0	0	1	1	0.14501157
	D8020	Limited orthodontic treatment of the transitional dentition	1	1	0	2	2.5
	D8080	Comprehensive orthodontic treatment of the adolescent dentition	3	0	0	3	2.
Overall - Total			5,108	248	2,014	7,370	

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
Investigative	89	86	3	
Medical Necessity	128	56	72	217

Healthcare Provider Specialty
Data by healthcare provider specialty is available by request. Requests shall be sent to: **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.