

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	0011U	PRESCRIPTION DRUG MONITORING, EVALUATION OF DRUGS PRESENT BY LCMS/MS, USING ORAL FLUID, REPORTED AS A COMPARISON TO AN ESTIMATED STEADY-STATE RANGE, PER DATE OF SERVICE INCLUDING ALL DRUG COMPOUNDS AND METABOLITES	1	0	0	1	0.65407407
CPT	00170	ANESTHESIA FOR INTRORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	9	0	0	9	0.75703006
CPT	00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	1	0	0	1	0.93394748
CPT	0098T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH CERVICAL; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	1	1	0.12989583
CPT	0200T	PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), UNILATERAL INJECTION(S), INCLUDING THE USE OF A BALLOON OR MECHANICAL DEVICE, WHEN USED, 1 OR MORE NEEDLES, INCLUDES IMAGING GUIDANCE AND BONE BIOPSY, WHEN PERFORMED	1	0	0	1	0.22361111
CPT	0211U	ONCOLOGY (PAN-TUMOR), DNA AND RNA BY NEXT-GENERATION SEQUENCING, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, INTERPRETATIVE REPORT FOR SINGLE NUCLEOTIDE VARIANTS, COPY NUMBER ALTERATIONS, TUMOR MUTATIONAL BURDEN, AND MICROSATELLITE INSTABILITY, WITH THERAPY ASSOCIATION	0	2	0	2	0.25592014
CPT	0232T	INJECTION(S), PLATELET RICH PLASMA, ANY TISSUE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	0	0	9	9	0.52623331
CPT	0326U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCULATING DNA ANALYSIS OF 83 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN	0	0	1	1	1.02856481
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	1	0	21	22	0.65514909
CPT	0345U	PSYCHIATRY (EG, DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER [ADHD]), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES, INCLUDING DELETION/DUPLICATION ANALYSIS OF CYP2D6	0	0	1	1	1.20488426
CPT	0364U	ONCOLOGY (HEMATOLYMPHOID NEOPLASM), GENOMIC SEQUENCE ANALYSIS USING MULTIPLEX (PCR) AND NEXT-GENERATION SEQUENCING WITH ALGORITHM, QUANTIFICATION OF DOMINANT CLONAL SEQUENCE(S), REPORTED AS PRESENCE OR ABSENCE OF MINIMAL RESIDUAL DISEASE (MRD) WITH QUANTITATION OF DISEASE BURDEN, WHEN APPROPRIATE	1	0	0	1	0.30109751
CPT	0402T	COLLAGEN CROSS-LINKING OF CORNEA, INCLUDING REMOVAL OF THE CORNEAL EPITHELIUM, WHEN PERFORMED, AND INTRAOPERATIVE PACHYMETRY, WHEN PERFORMED	1	0	0	1	0.85184028
CPT	0437T	IMPLANTATION OF NON-BIOLOGIC OR SYNTHETIC IMPLANT (EG, POLYPROPYLENE) FOR FASCIAL REINFORCEMENT OF THE ABDOMINAL WALL (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	1	0	0	1	0.25893519

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CPT	0446T	CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR, INCLUDING SYSTEM ACTIVATION AND PATIENT TRAINING	1	0	0	1	0.24583238
CPT	0483T	TRANSCATHETER MITRAL VALVE IMPLANTATION/REPLACEMENT (TMVI) WITH PROSTHETIC VALVE; PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE, WHEN PERFORMED	1	0	0	1	0.2703588
CPT	0502F	SUBSEQUENT PRENATAL CARE VISIT (PRENATAL)	1	0	0	1	0.81537037
CPT	0734T	REMOTE REAL-TIME, MOTION CAPTURE-BASED NEUROREHABILITATIVE THERAPY ORDERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; TREATMENT MANAGEMENT SERVICES BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH	1	0	0	1	0.25893519
CPT	11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROSCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	1	0	0	1	0.05351852
CPT	11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM	2	0	0	2	0.07262153
CPT	11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; EACH ADDITIONAL 20.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.07262153
CPT	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	0	1	0	1	0.92430556
CPT	11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETS BENEATH THE SKIN)	2	0	0	2	1.01315972
CPT	11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	2	0	0	2	0.48750389
CPT	12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	1	0	0	1	0.74717593
CPT	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	1	0	0	1	0.94702546
CPT	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	1	0	0	1	0.96195602
CPT	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	1	0	1	2	0.96367477
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)	1	0	0	1	0.96195602
CPT	15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN	1	0	0	1	0.96195602

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CPT	15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS; BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.96195602
CPT	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	1	0	0	1	0.05219907
CPT	15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY NAMED AXIAL VESSEL	1	0	0	1	0.94702546
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)	1	0	0	1	2.03936343
CPT	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXTENSIVE SKIN WEIGHTING DOWN LID	6	0	0	6	0.50966948
CPT	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	2	1	1	4	0.72845197
CPT	15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM	1	0	0	1	0.07162037
CPT	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREAS	0	0	1	1	0.71050926
CPT	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.45790509
CPT	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	1	0	0	1	0.25893519
CPT	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	0	0	1	1	0.96539352
CPT	17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	1	0	0	1	0.26819444
CPT	19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING STEREOTACTIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.19320602
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	1	0	0	1	0.00753472
CPT	19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARATE PROCEDURE)	1	0	0	1	0.110625
CPT	19300	MASTECTOMY FOR GYNECOMASTIA	1	0	0	1	0.61459491
CPT	19303	MASTECTOMY, SIMPLE, COMPLETE	8	0	0	8	0.35351563

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CPT	19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE	1	0	0	1	2.03936343
CPT	19316	MASTOPEXY	1	0	0	1	0.34769676
CPT	19318	BREAST REDUCTION	6	1	0	7	0.33164649
CPT	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	2	0	0	2	1.02681134
CPT	19364	BREAST RECONSTRUCTION; WITH FREE FLAP (EG, FTRAM, DIEP, SIEA, GAP FLAP)	1	0	0	1	0.25893519
CPT	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	0	1	0	1	0.92430556
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)	1	1	0	2	1.01660301
CPT	20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPUYTREN'S CONTRACTURE)	5	0	0	5	0.55971528
CPT	20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	1	0	0	1	0.2471412
CPT	20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	1	0	0	1	0.2471412
CPT	20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	0	0	1	1	0.65358796
CPT	20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITHOUT ULTRASOUND GUIDANCE	3	0	0	3	0.43372685
CPT	20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITH ULTRASOUND GUIDANCE, WITH PERMANENT RECORDING AND REPORTING	0	0	1	1	0.94663194
CPT	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAN, NAIL, ROD OR PLATE)	1	0	0	1	0.07189815
CPT	20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	1	0	0	1	0.93394748
CPT	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10	0	0	10	0.86851208
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)	7	0	0	7	0.95296962
CPT	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.07768519
CPT	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.98514361

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CPT	20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, METASTASIS) INCLUDING ADJACENT SOFT TISSUE WHEN INVOLVED BY TUMOR EXTENSION, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE WHEN PERFORMED; CRYOABLATION	1	0	0	1	0.23516204
CPT	21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	1	0	1	2	0.08678819
CPT	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	1	0	0	1	0.23255787
CPT	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	2	0	0	2	0.53170718
CPT	21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	1	0	0	1	0.96195602
CPT	21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)	1	0	0	1	0.96195602
CPT	21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	1	0	0	1	0.96195602
CPT	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	1	0	1	2	0.51703704
CPT	21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	1	0	0	1	0.96195602
CPT	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	1	0	0	1	0.96195602
CPT	21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED UNILATERAL ALVEOLAR CLEFT)	1	0	0	1	0.96195602
CPT	21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	1	0	1	2	0.51703704
CPT	21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	2	0	0	2	1.07550347
CPT	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	1	0	0	1	0.96195602
CPT	21235	GRAFT; EAR CARTILAGE, AUTOGRAFT, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	2	0	0	2	0.11170718
CPT	21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION, INTERDENTAL FIXATION, AND/OR WIRING OF DENTURES OR SPLINTS	1	0	0	1	0.07438657
CPT	21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	0	0	1	1	0.220625
CPT	21615	EXCISION FIRST AND/OR CERVICAL RIB;	1	0	0	1	0.17017361
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	1	0	0	1	0.75135417
CPT	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	2	0	0	2	0.9644931

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CPT	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	1	0	0	1	0.98514361
CPT	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	1	0	0	1	0.08534722
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	1.03958333
CPT	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	1	0	0	1	0.0415625
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	6	0	0	6	0.67650661
CPT	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE AND SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.65585658
CPT	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (E.G., HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS 1 INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	0	0	4	0.29278356
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)	3	0	0	3	0.9764893
CPT	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.51459491
CPT	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.98514361
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)	9	0	0	9	0.6708056
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)	1	1	0	2	0.59495606

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CPT	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	11	0	0	11	0.45740299
CPT	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INTERSPACE, LUMBAR	1	1	3	5	0.63604398
CPT	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	6	0	0	6	0.60902199
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	0	1	1	2.84412037
CPT	22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	0	0	1	1	0.12989583
CPT	22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUBAR; SINGLE LEVEL	0	1	0	1	0.20476852
CPT	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	1	0	0	1	0.15268519
CPT	23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	1	0	0	1	0.09763889
CPT	23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	1	0	0	1	0.17017361
CPT	23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	1	0	0	1	0.09763889
CPT	24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	0	0	1	1	2.91458333
CPT	26341	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION (EG, COLLAGENASE), SINGLE CORD	3	0	0	3	0.63209877
CPT	26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	1	0	0	1	0.76642361
CPT	27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	1	0	0	1	0.23994213
CPT	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	10	0	0	10	0.32951022
CPT	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1	0	0	1	0.82476852
CPT	27278	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS, WITH IMAGE GUIDANCE, INCLUDING PLACEMENT OF INTRA-ARTICULAR IMPLANT(S) (EG, BONE ALLOGRAFT[S], SYNTHETIC DEVICE[S]), WITHOUT PLACEMENT OF TRANSFIXATION DEVICE	2	0	0	2	1.44692708

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	4	0	0	4	0.70804688
CPT	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	2	0	0	2	0.56089699
CPT	27599	UNLISTED PROCEDURE, FEMUR OR KNEE	1	0	0	1	0.14703236
CPT	27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE PROCEDURE)	0	0	1	1	0.82334491
CPT	27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE, FLEXOR DIGITORUM LONGUS, FLEXOR HALLICUS LONGUS, OR PERONEAL TENDON TO MIDFOOT OR HINDFOOT)	0	0	1	1	0.82334491
CPT	28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY TARSAL NAVICULAR BONE (E.G., KIDNER TYPE PROCEDURE)	0	0	1	1	0.82334491
CPT	28725	ARTHRODESIS; SUBTALAR	0	0	1	1	0.82334491
CPT	28899	UNLISTED PROCEDURE, FOOT OR TOES	1	0	1	2	1.09802337
CPT	29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED, 1 OR 2 DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILAGE, GLENOID BONE, GLENOID ARTICULAR CARTILAGE, BICEPS TENDON, BICEPS ANCHOR COMPLEX, LABRUM, ARTICULAR CAPSULE, ARTICULAR SIDE OF THE ROTATOR CUFF, BURSAL SIDE OF THE ROTATOR CUFF, SUBACROMIAL BURSA, FOREIGN BODY[IIES])	1	0	0	1	0.09763889
CPT	29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	1	0	0	1	0.09763889
CPT	29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE OR FOREIGN BODY	0	0	1	1	2.91458333
CPT	29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	0	0	1	1	2.91458333
CPT	29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (E.G., MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT[S])	1	0	0	1	0.19653935
CPT	29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	1	0	0	1	1.12300926
CPT	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROC.)	2	0	0	2	0.65977431
CPT	29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	1	0	0	1	0.19653935
CPT	29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	1	0	0	1	0.19653935
CPT	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED	2	0	0	2	0.57125
CPT	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED	2	0	0	2	0.57125

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	2	0	0	2	0.57125
CPT	29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	1	0	0	1	1.12300926
CPT	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	1	0	0	1	0.17548611
CPT	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	1	0	0	1	0.17548611
CPT	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	1	0	0	1	0.17548611
CPT	29999	UNLISTED PROCEDURE, ARTHROSCOPY	2	0	1	3	0.85267361
CPT	30117	EXCISION OR DESTRUCTION, (E.G., LASER), INTRANASAL LESION; INTERNAL APPROACH	2	0	0	2	0.13884259
CPT	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	16	0	0	16	0.52849971
CPT	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	1	0	0	1	0.08509259
CPT	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	2	0	0	2	0.15865741
CPT	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (E.G., SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	2	0	0	2	0.11170718
CPT	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT	22	0	0	22	0.61068024
CPT	30600	REPAIR FISTULA; ORONASAL	1	0	0	1	0.96195602
CPT	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL).	1	0	0	1	0.19564815
CPT	30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	1	0	0	1	0.95184028
CPT	30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	7	0	0	7	0.67832507
CPT	31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	1	0	0	1	0.99144676
CPT	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	11	0	1	12	0.58496431
CPT	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	3	0	2	5	0.45263866
CPT	31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	1	0	0	1	0.72483796
CPT	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	5	0	0	5	0.5005463
CPT	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH LIGATION OF SPHENOPALATINE ARTERY	1	0	0	1	0.95184028
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	0.74663194
CPT	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	7	0	0	7	0.49801257

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CPT	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	5	0	1	6	0.52933449
CPT	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	18	0	0	18	0.60392541
CPT	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	5	0	0	5	0.42703241
CPT	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	1	0	0	1	0.2512963
CPT	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	10	0	1	11	0.44005545
CPT	31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	7	0	0	7	0.41035384
CPT	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	3	0	0	3	0.12168981
CPT	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	6	0	0	6	0.14731787
CPT	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL SINUS OSTIUM	0	0	1	1	0.78050926
CPT	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); SPHENOID SINUS OSTIUM	1	0	0	1	0.19989101
CPT	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL AND SPHENOID SINUS OSTIA	3	0	0	3	0.14993827
CPT	31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	1	0	0	1	0.2291323
CPT	31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELESCOPE	1	0	0	1	0.79222222
CPT	31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE OR TELESCOPE	1	0	0	1	0.2291323
CPT	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT OR CORTICOSTEROID, INJECTED PERCUTANEOUS, TRANSORAL, OR VIA ENDOSCOPE CHANNEL), UNILATERAL	1	0	0	1	0.10174769
CPT	31579	LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY	1	0	0	1	0.04378472
CPT	31599	UNLISTED PROCEDURE, LARYNX	1	0	0	1	0.2291323
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))	3	0	0	3	0.15720293
CPT	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN PERFORMED, ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVE(S), INITIAL LOBE	1	0	1	2	1.24682292

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CPT	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN PERFORMED, ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVE(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE[S])	1	0	1	2	1.24682292
CPT	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND /OR TRANSBRONCHIAL SAMPLING (EG, ASPIRATION[S]/BIOPSY [IES]), ONE OR TWO MEDIASTINAL AND/OR HILAR LYMPH NODE STATIONS OR STRUCTURES	1	0	0	1	0.04251157
CPT	32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	0	0	1	1	0.81096065
CPT	33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR	1	0	0	1	0.11292824
CPT	33361	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	1	0	0	1	0.64652778
CPT	33418	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; INITIAL PROSTHESIS	1	0	0	1	1.21567686
CPT	33944	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF THE ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE AORTA, SUPERIOR VENA CAVA, INFERIOR VENA CAVA, PULMONARY ARTERY, AND LEFT ATRIUM FOR IMPLANTATION	1	0	0	1	0.02576389
CPT	33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	1	0	0	1	0.02576389
CPT	35701	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; NECK (EG, CAROTID, SUBCLAVIAN)	1	0	0	1	0.17017361
CPT	36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)	3	0	0	3	0.37751543
CPT	36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	1	0	0	1	0.94030093
CPT	36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROSAL SINUS)	1	0	0	1	0.94030093
CPT	36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHEOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.94030093
CPT	36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHEOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	4	0	0	4	0.51821181
CPT	36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHEOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	4	0	0	4	0.51821181
CPT	36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHEOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)	5	0	0	5	0.97533796

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CPT	36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	1	0	0	1	2.80384259
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	2.80384259
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	2.80384259
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	2.80384259
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	2.80384259
CPT	36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	2.80384259
CPT	36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL ARTERIES, UNILATERAL, WITH ANGIOGRAPHY OF THE SELECTED VESSEL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (EG, MIDDLE CEREBRAL ARTERY, POSTERIOR INFERIOR CEREBELLAR ARTERY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	2.80384259
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	3.01641204
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	3.01641204
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	3.01641204
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	3.01641204

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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)	13	0	0	13	0.42082888
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	0.57386188
CPT	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	8	0	0	8	0.29911931
CPT	36471	INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG	22	0	0	22	0.42094276
CPT	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY; FIRST VEIN TREATED	29	0	0	29	0.36855626
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)	11	0	0	11	0.27271149
CPT	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	12	0	0	12	0.31424576
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	0.52218171
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	7	0	0	7	0.44673159
CPT	36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CRYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.14
CPT	36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	1	0	0	1	1.82629688
CPT	37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S) FOR OCCLUSIVE DISEASE, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL , WHEN PERFORMED; INITIAL ARTERY	1	0	0	1	0.94030093

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S) FOR OCCLUSIVE DISEASE, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.94030093
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 CAPELLARY HEMANGIOMAS, VARICES, VARICOCELES)	5	0	1	6	0.49592207
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)	3	0	0	3	1.32690972
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	3.01641204
CPT	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	7	0	0	7	0.11599421
CPT	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	7	0	0	7	0.21912913
CPT	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	1	0	0	1	0.37632287
CPT	38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	1	0	0	1	2.03936343
CPT	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	1	0	0	1	0.61541667
CPT	38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	2	0	0	2	1.07735532
CPT	38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	2	0	0	2	1.02681134
CPT	38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	3	0	0	3	0.41765818
CPT	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	5	0	0	5	0.29979778
CPT	38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING, PERITONEAL WASHINGS, PERITONEAL BIOPSY(IES), OMENTECTOMY, AND DIAPHRAGMATIC WASHINGS, INCLUDING DIAPHRAGMATIC AND OTHER SEROSAL BIOPSY(IES), WHEN PERFORMED	1	0	0	1	1.07994957
CPT	38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	2	0	0	2	1.02681134
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)	3	0	0	3	0.74048611
CPT	38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	1	0	0	1	2.03936343

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	39220	RESECTION OF MEDIASTINAL TUMOR	1	0	0	1	1.14256696
CPT	41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	1	0	0	1	0.84236111
CPT	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	1	0	0	1	1.18905093
CPT	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	25	0	0	25	0.62371277
CPT	42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)	1	0	0	1	0.96195602
CPT	42260	REPAIR NASOLABIAL FISTULA	1	0	0	1	0.96195602
CPT	42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL	2	0	0	2	0.08432292
CPT	42440	EXCISION SUBMANDIBULAR (SUBMAXILLARY) GLAND	1	0	0	1	0.16320602
CPT	42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	1	0	0	1	0.16320602
CPT	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	1	0	0	1	0.26037037
CPT	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	2	0	0	2	0.2778588
CPT	42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	1	0	0	1	0.26037037
CPT	42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	1	0	0	1	0.10174769
CPT	43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.79222222
CPT	43202	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	1	0	0	1	0.01309028
CPT	43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	2	0	0	2	0.06186921
CPT	43236	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	1	0	0	1	0.88045139
CPT	43239	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	4	1	0	5	0.98926157
CPT	43249	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (LESS THAN 30 MM DIAMETER)	1	0	0	1	0.08461806
CPT	43281	LAPAROSCOPIC, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	1	0	0	1	2.69075231
CPT	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	5	0	0	5	0.65603472
CPT	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	2	0	0	2	0.13679398
CPT	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	7	0	0	7	0.77907255

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	1	0	0	1	0.15268519
CPT	44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	1	0	0	1	0.92917824
CPT	44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	1	0	0	1	0.92917824
CPT	44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	1	0	0	1	0.92917824
CPT	44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	1	0	0	1	0.92917824
CPT	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	1	0	0	1	0.92917824
CPT	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	1	0	0	1	0.92917824
CPT	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	1	0	0	1	0.92917824
CPT	45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.81998843
CPT	45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	3	0	0	3	1.24822145
CPT	45384	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS	1	0	0	1	0.81998843
CPT	45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	1	0	0	1	0.81998843
CPT	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	1	0	0	1	0.81998843
CPT	45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC	1	0	0	1	0.05351852
CPT	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	2	0	0	2	0.47680556
CPT	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	1	0	0	1	0.16708333
CPT	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY (S) (SEPARATE PROCEDURE)	1	0	0	1	0.23799769
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	0.09920139
CPT	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	3	0	0	3	0.14005401
CPT	49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	1	0	0	1	0.09920139
CPT	49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	1	0	0	1	0.08364194
CPT	49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	1	0	0	1	0.08364194

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CPT	49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	3	0	0	3	0.4345409
CPT	49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	1	0	0	1	0.81297454
CPT	49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	2	0	0	2	0.05103394
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	1.03689815
CPT	50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	1	0	0	1	1.03689815
CPT	50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	1	0	0	1	1.05922454
CPT	50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	2	0	0	2	0.03706597
CPT	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	4	0	0	4	0.5511603
CPT	51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	2	0	0	2	0.2029919
CPT	52000	CYSTOURETHROSCOPY; SEPARATE PROCEDURE	10	0	0	10	0.35964368
CPT	52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	4	0	0	4	0.46488426
CPT	52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)	4	0	0	4	0.30807581
CPT	52630	TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)	1	0	0	1	0.73738426
CPT	52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, INTERNAL URETHROTOMY AND TRANSURETHRAL RESECTION OF PROSTATE ARE INCLUDED IF PERFORMED)	1	0	0	1	0.18194444
CPT	53605	DILATION OF URETHRAL STRICTURE OR VESICLE NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	1	0	0	1	0.91424395
CPT	54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (E.G., PAPAVERINE, PHENTOLAMINE, ETC.)	1	0	0	1	1.97974537
CPT	54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA;	1	0	0	1	0.94702546
CPT	54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATION OF PREPUCE AND/OR SKIN FLAPS	1	0	0	1	0.91424395
CPT	54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	1	0	0	1	0.94702546

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CPT	55175	SCROTOPLASTY; SIMPLE	1	0	0	1	0.91424395
CPT	55180	SCROTOPLASTY; COMPLICATED	2	0	1	3	0.85725956
CPT	55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	9	0	0	9	0.52312375
CPT	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING, INCLUDING IMAGING GUIDANCE	1	0	0	1	0.14184028
CPT	55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	1	0	0	1	0.17747685
CPT	55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY); SUPRAPUBIC, SUBTOTAL, ONE OR TWO STAGES	1	0	0	1	0.17747685
CPT	55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;	1	0	0	1	0.17747685
CPT	55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	1	0	0	1	0.17747685
CPT	55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	1	0	0	1	0.17747685
CPT	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	10	0	0	10	0.57887616
CPT	55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERIPROSTATIC, SINGLE OR MULTIPLE INJECTION(S), INCLUDING IMAGE GUIDANCE, WHEN PERFORMED	1	0	1	2	0.53171296
CPT	56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	1	0	0	1	0.03950231
CPT	57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	2	0	0	2	0.17070602
CPT	57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED	1	0	0	1	0.81388817
CPT	57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	1	0	0	1	0.33047454
CPT	57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED;	2	0	0	2	1.46896412
CPT	57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	1	0	0	1	0.78130787
CPT	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	5	0	0	5	0.77122917
CPT	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	4	0	0	4	0.540974
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	0.23799769
CPT	58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND OVARY(S)	2	0	0	2	1.46896412
CPT	58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	1	0	0	1	0.09012731

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	1	0	0	1	0.09012731
CPT	58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	1	0	0	1	0.11331019
CPT	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	4	0	0	4	0.46013686
CPT	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D AND C	2	0	0	2	0.10978009
CPT	58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	2	0	0	2	0.10978009
CPT	58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION, ELECTROSURGICAL ABLATION, THERMOABLATION)	1	0	0	1	0.10113426
CPT	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	60	0	0	60	0.57567128
CPT	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	1	0	0	1	0.08891204
CPT	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	19	0	0	19	0.57744565
CPT	58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE)	1	0	0	1	0.1990162
CPT	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	34	0	0	34	0.33911044
CPT	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	6	0	0	6	0.22701003
CPT	58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	3	0	0	3	0.0741821
CPT	58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALOPE RING)	3	0	0	3	0.0741821
CPT	61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT DURAL GRAFT (EG, ARNOLD-CHIARI MALFORMATION)	1	0	0	1	0.93394748
CPT	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (E.G., FOR TUMOR DESTRUCTION TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	2	0	0	2	1.45405671
CPT	61626	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; NON-CENTRAL NERVOUS SYSTEM, HEAD OR NECK (EXTRACRANIAL, BRACHIOCEPHALIC BRANCH)	3	0	0	3	0.37751543
CPT	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7	0	0	7	0.64680556
CPT	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	1.43134853

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	2	2	0	4	0.35496238
CPT	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT, CERVICAL, THORACIC, OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.07768519
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)	11	0	1	12	0.57331027
CPT	63053	LAMINECTOMY, FACETECTOMY, OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S] [EG, SPINAL OR LATERAL RECESS STENOSIS]), DURING POSTERIOR INTERBODY ARTHRODESIS, LUMBAR; EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	8	0	0	8	0.63989298
CPT	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	1	0	0	1	0.98514361
CPT	63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM INTRADURAL; SACRAL	1	0	0	1	0.82578962
CPT	63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL,LUMBAR	1	0	0	1	0.82578962
CPT	63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, LUMBAR	1	0	0	1	0.02353009
CPT	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	5	0	0	5	0.66110113
CPT	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	3	0	0	3	0.59665509
CPT	63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	1	0	0	1	0.77934028
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	3	0	0	3	0.64582562
CPT	63709	REPAIR OF DURA/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINECTOMY	1	0	0	1	0.82578962
CPT	64454	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1	0	0	1	0.7346875
CPT	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	2	0	0	2	0.93735532

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	2	0	0	2	0.77615162
CPT	64568	OPEN IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	2	0	0	2	0.91397201
CPT	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	5	0	0	5	0.16688889
CPT	64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (E.G., FOR BLEPHAROSPASM, HEMIFACIAL SPASM)	3	0	0	3	0.31539738
CPT	64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	42	0	2	44	0.43405371
CPT	64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)	4	0	2	6	0.79259066
CPT	64617	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMODIC DYSPHONIA), INCLUDES GUIDANCE BY NEEDLE ELECTROMYOGRAPHY, WHEN PERFORMED	1	0	1	2	1.98380208
CPT	64624	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	4	0	2	6	0.40429519
CPT	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL	6	0	0	6	0.76936965
CPT	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; EACH ADDITIONAL VERTEBRAL BODY, LUMBAR OR SACRAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.63843171
CPT	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	2	0	1	3	0.24225694
CPT	64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	4	0	0	4	0.9650463
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	0.18695602
CPT	64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	6	0	0	6	0.342826
CPT	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	1	0	0	1	0.17017361
CPT	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	1	0	0	1	0.17017361
CPT	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	1	0	0	1	0.25893519
CPT	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.25893519
CPT	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	1	0	0	1	0.13552083
CPT	65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKIA)	1	0	0	1	1.07015046
CPT	65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; WITHOUT SUTURES	1	0	0	1	0.34101852

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	1	0	0	1	0.97833333
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 CAPSULORRHESIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE; WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	1	0	0	1	0.76456019
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	1	0	0	1	0.76456019
CPT	66991	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITH INSERTION OF INTRAOCULAR (EG, TRABECULAR MESHWORK, SUPRACILIARY, SUPRACHOROIDAL) ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, ONE OR MORE	1	0	0	1	0.01260417
CPT	67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMITANT REMOVAL OF VITREOUS	1	0	0	1	1.1762963
CPT	67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	4	0	0	4	0.93710938
CPT	67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, INCLUDING, WHEN PERFORMED, AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR REMOVAL OF LENS BY SAME TECHNIQUE	1	0	0	1	0.16755787
CPT	67113	REPAIR OF COMPLEX RETINAL DETACHMENT (E.G., PROLIFERATIVE VITREORETINOPATHY, STAGE C-1 OR GREATER, DIABETIC TRACTION RETINAL DETACHMENT, RETINOPATHY OF PREMATURITY, RETINAL TEAR OF GREATER THAN 90 DEGREES) WITH VITRECTOMY AND MEMBRANE PEELING, INCLUDING, WHEN PERFORMED, AIR, GAS, OR SILICONE OIL TAMPONADE, CRYOTHERAPY, ENDOLASER PHOTOCOAGULATION, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR REMOVAL OF LENS	1	0	0	1	0.16755787
CPT	67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (E.G., CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY (INCLUDES INTRAVENOUS INFUSION)	1	0	0	1	0.79296296
CPT	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	1	0	0	1	0.10752315
CPT	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	3	0	0	3	0.33176608
CPT	67911	CORRECTION OF LID RETRACTION	1	0	0	1	0.76822917
CPT	68115	EXCISION LESION CONJUNCTIVA; OVER 1 CM	1	0	0	1	0.34101852
CPT	69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	2	0	0	2	1.4212963

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITHOUT OSSICULAR CHAIN RECONSTRUCTION	1	0	0	1	0.72483796
CPT	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILATION); BILATERAL	1	0	0	1	0.09600694
CPT	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	0	0	1	1	0.78209491
CPT	69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	1	3	0.29054012
CPT	70491	COMPUTERIZED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	3	0	0	3	0.31986293
CPT	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S)	1	0	0	1	0.01365741
CPT	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	2	0	0	2	1.36791655
CPT	70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION	1	0	0	1	0.20541667
CPT	70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING	1	0	0	1	0.77989583
CPT	71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	1	0	0	1	0.94030093
CPT	71260	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITH CONTRAST MATERIAL(S)	1	0	0	1	0.3000377
CPT	71550	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, CHEST (E.G., FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	1	0	0	1	0.01365741
CPT	72125	COMPUTERIZED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.11453704
CPT	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.11453704
CPT	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	2	0	0	2	0.01571759
CPT	73221	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	1	0	0	1	0.0296875
CPT	73721	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	1	0	0	1	0.23341674
CPT	74170	COMPUTERIZED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	1	0	0	1	3.01641204
CPT	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	1	0	0	1	0.3000377
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	1.14171296

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.04238426
CPT	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED	1	0	0	1	0.04238426
CPT	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING	1	0	0	1	0.04238426
CPT	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	1	1	16	18	0.80987092
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	0	5	0.65277546
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	0.75049769
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)	30	0	4	34	0.41110832
CPT	75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.94030093
CPT	75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.94030093
CPT	75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	3.01641204
CPT	75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	2.91012731
CPT	75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	4	0	0	4	0.51821181
CPT	75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.94030093
CPT	75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	4	0	0	4	0.98409722
CPT	75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION, OTHER THAN FOR THROMBOLYSIS	4	0	0	4	0.98409722
CPT	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	2	0	0	2	0.77615162

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	2	0	0	2	1.97835648
CPT	76390	MAGNETIC RESONANCE SPECTROSCOPY	1	0	1	2	1.38129905
CPT	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (E.G., DIAGNOSTIC, INTERVENTIONAL)	2	0	0	2	0.47269102
CPT	76641	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	2	0	0	2	0.54632523
CPT	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)	1	0	0	1	0.90765046
CPT	76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	1	0	0	1	0.04484954
CPT	76872	ULTRASOUND, TRANSRECTAL	3	0	0	3	0.54591821
CPT	76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCEDURE)	1	0	0	1	0.055
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	0	1	2.80384259
CPT	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	11	0	1	12	0.54400077
CPT	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	1	0	0	1	0.92917824
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)	1	0	0	1	0.2471412
CPT	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	1	0	0	1	1.05922454
CPT	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	2	0	0	2	0.17449653
CPT	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	4	0	0	4	0.79769965
CPT	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	96	1	7	104	0.46311909
CPT	77090	TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; TECHNICAL PREPARATION AND TRANSMISSION OF DATA FOR ANALYSIS TO BE PERFORMED ELSEWHERE	1	0	0	1	0.24837963
CPT	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	4	0	0	4	0.87242188

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	1	0	0	1	0.20064815
CPT	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	1	0	0	1	0.14076389
CPT	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.21712963
CPT	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	1	0	0	1	0.14076389
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	3	0	0	3	1.1218017
CPT	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	3	0	0	3	0.74891071
CPT	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION[S] MADE FROM 1 TO 4 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 1 CHANNEL), INCLUDES BASIC DOSIMETRY CALCULATION(S)	2	0	0	2	0.54186343
CPT	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION[S] MADE FROM 5 TO 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 2-12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	1	0	0	1	0.14076389
CPT	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	1	0	0	1	0.14076389
CPT	77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	3	0	0	3	0.41140821
CPT	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	1	0	0	1	0.13186343
CPT	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANCE OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, CONTINUING QUALITY ASSURANCE REPORTED PER WEEK OF THERAPY	4	0	0	4	0.17260127
CPT	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	3	0	0	3	0.74891071
CPT	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	2	0	0	2	0.17070602
CPT	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	1	0	0	1	0.21712963
CPT	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	2	0	0	2	0.17449653
CPT	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	3	0	0	3	0.15775849
CPT	77525	PROTON TREATMENT DELIVERY; COMPLEX	1	0	0	1	0.13186343

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CPT	77770	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; 1 CHANNEL	3	0	0	3	0.65088735
CPT	77771	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; 2-12 CHANNELS	2	0	0	2	0.17070602
CPT	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	2	0	0	2	0.09788194
CPT	77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE, WHEN PERFORMED	1	0	0	1	0.32760417
CPT	77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	2	0	0	2	1.6720081
CPT	78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	1	0	0	1	1.94988426
CPT	78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION	6	0	0	6	0.41971451
CPT	78195	LYMPHATICS AND LYMPH NODES IMAGING	7	0	0	7	0.14287713
CPT	78264	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH);	1	0	0	1	0.61236111
CPT	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	1	0	2	3	0.5145216
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	1	0	0	1	3.01641204
CPT	78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)	0	0	1	1	0.23354167
CPT	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	125	1	3	129	0.57891
CPT	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY	21	0	3	24	0.60528466
CPT	79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	1	0	0	1	3.01641204
CPT	80053	COMPREHENSIVE METABOLIC PANELTHIS PANEL MUST INCLUDE THE FOLLOWING:ALBUMIN (82040) BILIRUBIN, TOTAL (82247) CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374)CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) PHOSPHATASE, ALKALINE (84075) POTASSIUM (84132) PROTEIN, TOTAL (84155) SODIUM (84295) TRANSFERASE, ALANINE AMINO (ALT) (SGPT) (84460) TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) (84450) UREA NITROGEN (BUN) (84520)	11	0	0	11	1.3734838
CPT	80230	INFLIXIMAB	1	0	0	1	0.09581019

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CPT	80360	METHYLPHENIDATE	1	0	0	1	1.0022338
CPT	81161	DMD (DYSTROPHIN) (EG, DUCHENNE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED	0	0	3	3	1.53579722
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)	0	3	3	6	1.13904193
CPT	81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	3	3	1.53075263
CPT	81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	0	0	3	3	1.53075263
CPT	81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	4	1	0	5	0.84120813
CPT	81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	3	1	0	4	1.00567972
CPT	81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE	2	1	0	3	0.92532793
CPT	81219	CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9	2	1	0	3	0.91594907
CPT	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELINES)	16	0	4	20	0.44448774
CPT	81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	1	1	0.8140162
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	0.43540541
CPT	81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G GREATER THAN A VARIANT	2	0	2	4	1.26105425
CPT	81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	2	0	3	5	1.06490809
CPT	81243	FMRI (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (EG, FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	1	0	0	1	1.07053832
CPT	81249	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; FULL GENE SEQUENCE	0	0	3	3	1.5106457
CPT	81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)	5	0	1	6	1.3906068
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)	3	0	1	4	0.32211988

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CPT	81268	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYSES; WITH CELL SELECTION (EG, CD3, CD33), EACH CELL TYPE	1	0	0	1	0.06252315
CPT	81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT	5	2	0	7	1.0961275
CPT	81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (EG, EXONS 12 AND 13)	3	1	0	4	1.39956597
CPT	81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)	0	0	1	1	0.10903935
CPT	81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	3	0	3	6	1.48522778
CPT	81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	3	0	3	6	1.48522778
CPT	81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	3	0	4	7	1.38934041
CPT	81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	3	0	4	7	1.38934041
CPT	81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	3	0	3	6	1.48522778
CPT	81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	3	0	0	3	1.43970293
CPT	81301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) OF MARKERS FOR MISMATCH REPAIR DEFICIENCY (EG, BAT25, BAT26), INCLUDES COMPARISON OF NEOPLASTIC AND NORMAL TISSUE, IF PERFORMED	0	1	0	1	0.82701389
CPT	81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE	0	3	0	3	0.74733122
CPT	81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	3	0	1	4	1.28328125
CPT	81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	3	0	1	4	1.28328125
CPT	81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	3	1	4	0.76400247
CPT	81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANT	0	3	1	4	0.76400247

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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	12	0	1	13	0.53939818
CPT	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	2	1	0	3	0.91594907
CPT	81340	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING AMPLIFICATION METHODOLOGY (EG, POLYMERASE CHAIN REACTION)	1	0	0	1	2.35380226
CPT	81342	TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S)	1	0	0	1	2.35380226
CPT	81345	TERT (TELOMERASE REVERSE TRANSCRIPTASE) (EG, THYROID CARCINOMA, GLIOBLASTOMA MULTIFORME) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, PROMOTER REGION)	0	0	1	1	2.75106481
CPT	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	0	3	0	3	0.74733122
CPT	81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)	3	0	0	3	0.16322009
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	3	3	1.53579722
CPT	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	4	0	3	7	1.49251098
CPT	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	1	4	8	13	1.24530429
CPT	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	0	3	8	11	1.32653268
CPT	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	0	3	7	10	1.202277
CPT	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	1	0	4	5	1.31003852
CPT	81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF GREATER THAN 50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS)	3	0	3	6	0.80619722
CPT	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	3	0	0	3	1.1043017
CPT	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARTOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.70060764
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	6	0	0	6	0.11998389
CPT	81425	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	0	0	1	1	0.97996528

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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	1	1	0.97996528
CPT	81430	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMCI, TMPRSS3, USHC, USHG, USH2A, AND WFS1	0	1	0	1	0.35704591
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, HEREDITARY PANCREATIC CANCER, HEREDITARY PROSTATE CANCER), GENOMIC SEQUENCE ANALYSIS PANEL, 5 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPYNUMBER VARIANTS; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2,MSH6, PALB2, PTEN, STK11, AND TP53	6	1	9	16	0.76365846
CPT	81433	HEREDIATRY BREAST CANCER-RELATED DISORDERS (EG, HEREDIATRY BREAST CANCER,HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER);DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR BRCA1,BRCA2, MLH1, MSH2, NAD STK11	1	1	1	3	0.19376833
CPT	81434	HEREDIATRY RETINAL DISORDERS (EG, RETINITIS PIGMENTOSA, LEBER CONGENITAL AMAUROSIS, CONE-ROD DYSTROPHY), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES, INLCUDING ABCA4, CNGA1, CRB1, EYS, PDE6A, PED6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, AND USH2A	0	0	1	1	0.8512037
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 ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC,BMPRIA, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, AND STK11	1	0	2	3	0.24613426
CPT	81437	HEREDITARY NEUROENDOCRINE TUMOR-RELATED DISORDERS (EG, MEDULLARY THYROIDCARCINOMA, PARATHYROID CARCINOMA, MALIGNANT PHEOCHROMOCYTOMA ORPARAGANGLIOMA), GENOMIC SEQUENCE ANALYSIS PANEL, 5 OR MORE GENES,INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS; GENOMICSEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 6 GENES,INCLUDING MAX, SDHB, SDHC, SDHD, TMEM127, AND VHL	0	0	1	1	0.96411457
CPT	81438	HEREDITARY NEUROENDOCRINE TUMOR DISORDERS (EG, MEDULLARY THYROIDCARCINOMA, PARATHYROID CARCINOMA, MALIGNANT PHEOCHROMOCYTOMA ORPARAGANGLIOMA; DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSESFOR SDHB, SDHC, SDHD AND VHL	0	0	1	1	0.96411457
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	0	0	1	1	2.25314815

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	81445	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS	0	1	1	2	1.78903935
CPT	81455	SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER, 51 OR GREATER GENES, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS	0	0	1	1	2.75106481
CPT	81456	SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER, 51 OR GREATER GENES, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; RNA ANALYSIS	0	0	1	1	1.80982639
CPT	81459	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS, COPY NUMBER VARIANTS, MICROSATELLITE INSTABILITY, TUMOR MUTATION BURDEN, AND REARRANGEMENTS	0	1	0	1	0.82701389
CPT	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	2	0	5	7	0.95605947
CPT	81490	AUTOIMMUNE (RHEUMATOID ARTHRITIS), ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS, UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS A DISEASE ACTIVITY SCORE	0	0	1	1	0.18594907
CPT	81519	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	6	0	1	7	0.28351356
CPT	82172	APOLIPOPROTEIN, EACH	1	0	2	3	1.60562027
CPT	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	1	0	0	1	0.05143519
CPT	82525	COPPER	1	0	0	1	0.55548611
CPT	82607	CYANOCOBALAMIN (VITAMIN B-12);	6	0	0	6	1.08191744
CPT	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFIED; NONRADIOACTIVE SUBSTRATE, EACH SPECIMEN	1	0	0	1	2.91158565
CPT	82668	ERYTHROPOIETIN	2	0	0	2	1.89009838
CPT	82728	FERRITIN	5	0	0	5	1.16287269
CPT	82746	FOLIC ACID; SERUM	6	0	0	6	1.08191744
CPT	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA, IGD, IGG, IGM, EACH	1	0	0	1	0.55548611
CPT	82947	GLUCOSE, QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	0	1	0	1	0.23540274
CPT	83010	HAPTOGLOBIN; QUANTITATIVE	1	0	0	1	0.55548611
CPT	83090	HOMOCYSTINE HOMOCYSTEINE	1	0	0	1	1.91946759
CPT	83521	IMMUNOGLOBULIN LIGHT CHAINS (IE, KAPPA, LAMBDA), FREE, EACH	1	0	0	1	0.55548611
CPT	83540	IRON	5	0	0	5	1.16287269

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	83550	IRON BINDING CAPACITY	5	0	0	5	1.16287269
CPT	83615	LACTIC DEHYDROGENASE (LD), (LDH)	2	0	0	2	1.20016204
CPT	83695	LIPOPROTEIN (A)	1	0	2	3	0.64072737
CPT	83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBER(S) (EG, BY NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY), INCLUDES LIPOPROTEIN PARTICLE SUBCLASS(ES), WHEN PERFORMED	0	0	1	1	0.06260417
CPT	83921	ORGANIC ACID, SINGLE, QUANTITATIVE	4	0	0	4	1.47114583
CPT	84155	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD	1	0	0	1	0.55548611
CPT	84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM	1	0	0	1	0.55548611
CPT	84238	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	1	0	0	1	0.55548611
CPT	84550	URIC ACID; BLOOD	1	0	0	1	1.84483796
CPT	85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	12	0	0	12	1.31545525
CPT	85045	BLOOD COUNT; RETICULOCTE, AUTOMATED	1	0	0	1	0.55548611
CPT	85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	2	0	0	2	0.87472801
CPT	85240	CLOTTING; FACTOR VIII (AHG), 1-STAGE	1	0	0	1	0.91181713
CPT	85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III ANTIGEN ASSAY	2	0	0	2	0.52637731
CPT	85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C ANTIGEN	1	0	0	1	0.91181713
CPT	85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	2	0	0	2	0.52637731
CPT	85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	1	0	0	1	0.91181713
CPT	85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	1	0	0	1	0.91181713
CPT	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	1	0	0	1	0.1409375
CPT	85520	HEPARIN ASSAY	1	0	0	1	0.91181713
CPT	85525	HEPARIN NEUTRALIZATION	1	0	0	1	0.91181713
CPT	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	1	0	0	1	0.91181713
CPT	85610	PROTHROMBIN TIME;	1	0	0	1	0.91181713
CPT	85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	1	0	0	1	0.91181713
CPT	85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	1	0	0	1	0.55548611
CPT	85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	2	0	0	2	0.87472801
CPT	85670	THROMBIN TIME; PLASMA	2	0	0	2	0.52637731
CPT	85705	THROMBOPLASTIN INHIBITION; TISSUE	1	0	0	1	0.1409375
CPT	85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	2	0	0	2	0.52637731
CPT	85732	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA FRACTIONS, EACH	1	0	0	1	0.1409375

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	86038	ANTINUCLEAR ANTIBODIES (ANA);	1	0	0	1	0.55548611
CPT	86039	ANTINUCLEAR ANTIBODIES (AMA); TITER	3	0	0	3	0.76831404
CPT	86140	C-REACTIVE PROTEIN;	3	0	0	3	0.76831404
CPT	86146	BETA 2 GLYCOPROTEIN 1 ANTIBODY, EACH	2	0	0	2	0.52637731
CPT	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	2	0	0	2	0.52637731
CPT	86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	1	0	0	1	0.05143519
CPT	86316	IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4, 549), EACH	5	0	0	5	0.89744265
CPT	86334	IMMUNOFIXATION ELECTROPHORESIS; SERUM	1	0	0	1	0.55548611
CPT	86430	RHEUMATOID FACTOR; QUALITATIVE	0	1	0	1	0.35704591
CPT	86431	RHEUMATOID FACTOR; QUANTITATIVE	2	0	0	2	0.87472801
CPT	86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	3	0	0	3	0.76831404
CPT	86803	HEPATITIS C ANTIBODY;	3	0	0	3	0.76831404
CPT	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	1	0	0	1	0.55548611
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)	3	0	0	3	0.76831404
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	0	1	0.06596065
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	0.359416
CPT	87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, QUANTIFICATION, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED	3	0	0	3	0.76831404
CPT	87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; AMPLIFIED PROBE TECHNIQUE, EACH ORGANISM	1	0	0	1	0.1409375
CPT	88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	2	0	0	2	0.87472801
CPT	88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	3	0	0	3	0.59604938
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)	3	0	0	3	0.59604938
CPT	88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	3	0	0	3	0.59604938

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	3	0	0	3	0.59604938
CPT	88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	3	0	0	3	0.59604938
CPT	88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS	1	0	0	1	0.84112269
CPT	88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS	1	0	0	1	0.03869213
CPT	88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	1	0	0	1	0.03869213
CPT	88269	CHROMOSOME ANALYSIS; IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE WITH BANDING	1	0	0	1	0.84112269
CPT	88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	2	0	0	2	0.43990741
CPT	88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	1	0	0	1	0.03869213
CPT	88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	2	0	0	2	0.43990741
CPT	88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	1	0	0	1	0.84112269
CPT	88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUES (EG, NOR, C-BANDING)	1	0	0	1	0.03869213
CPT	88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED	2	0	0	2	0.43990741
CPT	88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	3	0	0	3	0.29902416
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	0	0	1	1	1.0786092

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	88314	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; HISTOCHEMICAL STAIN ON FROZEN TISSUE BLOCK (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	1	1	1.0786092
CPT	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	2	0	2	0.25592014
CPT	88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE	0	2	1	3	0.53014983
CPT	88356	MORPHOMETRIC ANALYSIS; NERVE	1	0	1	2	0.77820506
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	0	3	0	3	0.44628472
HCPCS	90690	TYPHOID VACCINE, LIVE, ORAL	0	0	1	1	0.07778935
CPT	90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	1	0	0	1	2.04076389
CPT	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	0	0	1	1	0.81039352
CPT	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	13	0	4	17	0.5541858
CPT	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	14	0	4	18	0.57859445
CPT	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	11	0	3	14	0.59747197
CPT	90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRATION, OR OTHER CONTINUOUS RENAL REPLACEMENT THERAPIES), WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1	0	0	1	0.80326389
CPT	90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COMPLETED COURSE	2	0	0	2	0.17155093
CPT	90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE NOT COMPLETED, PER TRAINING SESSION	1	0	0	1	0.80326389
CPT	90999	UNLISTED DIALYSIS PROCEDURE, IN HOSPITALIZED OR OUT PATIENT	5	0	0	5	0.62081371
CPT	91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY WITH INTERPRETATION AND REPORT; 2-DIMENSIONAL DATA	5	0	0	5	0.36825
CPT	91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION	4	0	0	4	0.49390046
CPT	91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH ELECTRODE PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION	9	0	0	9	0.2164519

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION;	4	0	0	4	0.27233218
CPT	91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION; PROLONGED (GREATER THAN 1 HOUR, UP TO 24 HOURS)	4	0	0	4	0.27233218
CPT	91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH INTERPRETATION AND REPORT	4	1	0	5	0.3986088
CPT	91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMAGING, WITH INTERPRETATION AND REPORT	15	0	1	16	0.29661603
CPT	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	1	0	0	1	0.25539352
CPT	92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, OPTICAL COHERENCETOMOGRAPHY [OCT]), POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT,UNILATERAL OR BILATERAL; RETINA	1	0	0	1	0.92512731
CPT	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	1	1	0	2	0.49629388
CPT	92521	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	1	0	0	1	0.04378472
CPT	92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA);	1	0	0	1	0.04378472
CPT	92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	0	1	0	1	0.94880303
CPT	92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	1	1	0	2	0.49629388
CPT	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	1	0	0	1	0.04378472
CPT	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING	1	0	0	1	1.07289352
CPT	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	1	0	0	1	0.09778935
CPT	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER, SUBSEQUENT REPROGRAMMING	2	0	0	2	0.58534144
CPT	92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	1	1	0	2	0.49629388
CPT	92626	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); FIRST HOUR	1	0	0	1	0.09778935
CPT	92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	0	1	0	1	0.94880303
CPT	92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	1	0	0	1	0.94030093

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.94030093
CPT	93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	1	1	0	2	1.41017361
CPT	93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY	0	1	0	1	1.8800463
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	1	0	4	5	0.48157116
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	0.22361819
CPT	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT	1	0	0	1	0.84563657
CPT	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE	1	0	0	1	0.84563657
CPT	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	1	0	0	1	0.84563657
CPT	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACARDIAC OR GREAT VESSEL(S) STRUCTURAL INTERVENTION(S) (EG, TAVR, TRANSCATHETER PULMONARY VALVE REPLACEMENT, MITRAL VALVE REPAIR, PARAVALVULAR REGURGITATION REPAIR, LEFT ATRIAL APPENDAGE OCCLUSION/CLOSURE, VENTRICULAR SEPTAL DEFECT CLOSURE) (PERI- AND INTRA-PROCEDURAL), REAL-TIME IMAGE ACQUISITION AND DOCUMENTATION, GUIDANCE WITH QUANTITATIVE MEASUREMENTS, PROBE MANIPULATION, INTERPRETATION, AND REPORT, INCLUDING DIAGNOSTIC TRANSESOPHAGEAL ECHOCARDIOGRAPHY AND, WHEN PERFORMED, ADMINISTRATION OF ULTRASOUND CONTRAST, DOPPLER, COLOR FLOW, AND 3D	1	0	0	1	1.21567686
CPT	93568	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; FOR NONSELECTIVE PULMONARY ARTERIAL ANGIOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.94030093

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CPT	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (I.E., FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	1	0	0	1	0.89493056
CPT	93596	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S); NORMAL NATIVE CONNECTIONS	1	0	0	1	0.94030093
CPT	93597	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S); ABNORMAL NATIVE CONNECTIONS	1	0	0	1	0.94030093
CPT	93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS, INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING AND CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS, INCLUDING INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING, RIGHT VENTRICULAR PACING AND RECORDING, LEFT ATRIAL PACING AND RECORDING FROM CORONARY SINUS OR LEFT ATRIUM, AND HIS BUNDLE RECORDING, WHEN PERFORMED; WITH TREATMENT OF SUPRAVENTRICULAR TACHYCARDIA BY ABLATION OF FAST OR SLOW ATRIOVENTRICULAR PATHWAY, ACCESSORY ATRIOVENTRICULAR CONNECTION, CAVO-TRICUSPID ISTHMUS OR OTHER SINGLE ATRIAL FOCUS OR SOURCE OF ATRIAL RE-ENTRY	2	0	0	2	0.41386574
CPT	94070	BRONCHOSPASM PROVACATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS IN 94010, WITH ADMINISTERED AGENTS (EG, ANTIGEN(S), COLD AIR, METHACHOLINE)	0	1	0	1	2.75873843
CPT	94375	RESPIRATORY FLOW VOLUME LOOP	1	0	0	1	1.03751157
CPT	94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION FOR THERAPEUTIC PURPOSES AND/OR FOR DIAGNOSTIC PURPOSES SUCH AS SPUTUM INDUCTION WITH AN AEROSOL GENERATION, NEBULIZER, METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) DEVICE	1	0	0	1	0.20737269
CPT	95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	0	1	2	3	1.38125764
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	1	0	0	1	0.07263889
CPT	95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; UNMONITORED	1	0	0	1	0.07263889
CPT	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1	0	0	1	0.07263889
CPT	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	1	0	0	1	0.07263889
CPT	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; UNMONITORED	1	0	0	1	0.07263889

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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	1	0	0	1	0.07263889
CPT	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	1	0	0	1	0.07263889
CPT	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING; WITH VIDEO (VEEG)	1	0	0	1	0.07263889
CPT	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITH VIDEO (VEEG)	1	0	0	1	0.07263889
CPT	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	1	1	1	3	0.05958796
CPT	95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	2	0	0	2	0.9156713
CPT	95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 61-119 MINUTES	10	0	0	10	0.42315288
CPT	95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	11	0	0	11	0.45331554
CPT	95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	9	0	0	9	0.35351606
CPT	95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	0	1	0	1	0.9119213
CPT	95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.18695602
CPT	95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	1.18880787
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)	0	1	0	1	0.9119213
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)	2	0	0	2	0.48471386
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)	2	0	0	2	0.48471386
CPT	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIES	1	0	0	1	0.1143474

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CPT	95911	NERVE CONDUCTION STUDIES; 9-10 STUDIES	1	0	0	1	0.85508032
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	0	1	0.74145833
CPT	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY 1 METHOD	0	1	0	1	0.9119213
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	2	1	0	3	0.57307729
CPT	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	0	1	0	1	0.9119213
CPT	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	0	0	5	0.14023526
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)	0	1	0	1	0.9119213
CPT	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED LOOP PARAMETERS, AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH BRAIN, CRANIAL NERVE, SPINAL CORD, PERIPHERAL NERVE, OR SACRAL NERVE, NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITHOUT PROGRAMMING	1	0	0	1	0.23256944
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	7	0	0	7	0.80971892
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	0.77989583
CPT	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE; INITIAL 30 MINUTES	0	1	0	1	0.94880303
CPT	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	1	0	0	1	0.09103009
CPT	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.09103009

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CPT	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	10	0	0	10	1.04487616
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)	6	0	0	6	0.87260995
CPT	96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	10	0	3	13	0.85805526
CPT	96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	2	0	0	2	0.47248843
CPT	96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	1	0	0	1	0.09103009
CPT	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	10	0	0	10	0.92274799
CPT	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7	0	0	7	1.01023026
CPT	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	0	1	0	1	1.00428241
CPT	97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	2	0	0	2	2.02945552
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	1	0	0	1	3.14840177
CPT	97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	1	0	0	1	3.14840177
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	0	0	2	2	2.91493655
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)	0	0	1	1	0.91822917
CPT	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	2	0	0	2	2.02945552

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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	5	0	0	5	1.51389549
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	0.90767361
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	5	0	0	5	1.30316632
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	0.7916088
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	5	0	0	5	1.30316632
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	5	0	0	5	1.30316632
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	1	0	0	1	3.14840177
CPT	97165	OCCUPATIONAL THERAPY EVALUATION, LOW COMPLEXITY, REQUIRING THESE COMPONENTS: -AN OCCUPATION PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND/OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM; -AN ASSESSMENT(S) THAT IDENTIFIES 1-3 PERFORMANCE DEFICITS (IE, RELATING TO PHYSICAL, COGNITIVE, OR PSYCHOSOCIAL SKILLS) THAT RESULT IN ACTIVITY LIMITATIONS AND/OR PARTICIPATION RESTRICTIONS; AND -CLINICAL DECISION MAKING OF LOW COMPLEXITY, WHICH INCLUDES AN ANALYSIS OF THE OCCUPATIONAL PROFILE, ANALYSIS OF DATA FROM PROBLEM-FOCUSED ASSESSMENT(S), AND CONSIDERATION OF A LIMITED NUMBER OF TREATMENT OPTIONS. PATIENT PRESENTS WITH NO COMORBIDITIES THAT AFFECT OCCUPATIONAL PERFORMANCE. MODIFICATION OF TASKS OR ASSISTANCE (EG, PHYSICAL OR VERBAL) WITH ASSESSMENT(S) IS NOT NECESSARY TO ENABLE COMPLETION OF EVALUATION COMPONENT. TYPICALLY, 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	0	0	1	1	0.95077546

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	97167	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: -AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE; -AN ASSESSMENT(S) THAT IDENTIFIES 5 OR MORE PERFORMANCE DEFICITS (IE, RELATING TO PHYSICAL, COGNITIVE, OR PSYCHOSOCIAL SKILLS) THAT RESULT IN ACTIVITY LIMITATIONS AND/OR PARTICIPATION RESTRICTIONS; AND -CLINICAL DECISION MAKING OF HIGH ANALYTIC COMPLEXITY, WHICH INCLUDES AN ANALYSIS OF THE PATIENT PROFILE, ANALYSIS OF DATA FROM COMPREHENSIVE ASSESSMENT(S), AND CONSIDERATION OF MULTIPLE TREATMENT OPTIONS. PATIENT PRESENTS WITH COMORBIDITIES THAT AFFECT OCCUPATIONAL PERFORMANCE. SIGNIFICANT MODIFICATION OF TASKS OR ASSISTANCE (EG, PHYSICAL OR VERBAL) WITH ASSESSMENT(S) IS NECESSARY TO ENABLE PATIENT TO COMPLETE EVALUATION COMPONENT. TYPICALLY, 60 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	1	0	0	1	0.91050926
CPT	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES.	2	0	0	2	2.02945552
CPT	97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE ON ONE) PATIENT CONTACT, EACH 15 MINUTES.	0	0	1	1	1.74236111
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	3.14840177
CPT	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	3	0	0	3	0.59810185
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.	2	0	0	2	0.13836513
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.	1	0	0	1	0.8144213
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.	2	0	0	2	0.06489758
CPT	99223	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 HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 75 MINUTES MUST BE MET OR EXCEEDED.	1	0	0	1	0.98514361

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CPT	99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING//ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND ORDERING OF APPROPRIATE IMMUNIZATIONS(S), LABORATORY/DIAGNOSTIC PROCEDURES, ESTABLISHED PATIENT; 40-64 YEARS	1	0	1	2	0.8954456
CPT	99453	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG, WEIGHT, BLOOD PRESSURE, PULSE OXIMETRY, RESPIRATORY FLOW RATE), INITIAL; SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT	0	0	1	1	0.08883102
CPT	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	2	0	0	2	0.91083333
CPT	99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.91083333
HCPCS	A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	2	0	0	2	1.88576737
HCPCS	A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	1	0	0	1	0.6896875
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	3	0	6	9	0.99753698
HCPCS	A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH	0	0	1	1	0.87128472
HCPCS	A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR. PER 50 STRIPS	0	0	1	1	0.73467593
HCPCS	A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	0	0	1	1	0.07555556
HCPCS	A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	1	0	0	1	0.00753472
HCPCS	A4927	GLOVES, NON-STERILE, PER 100	1	0	0	1	0.17554398
HCPCS	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	1	0	0	1	0.24229836
HCPCS	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	1	0	0	1	0.24229836
HCPCS	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	0.24229836
HCPCS	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	0.24229836
HCPCS	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	0.24229836
HCPCS	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	1	0	0	1	0.24229836
HCPCS	A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	25	0	0	25	0.70948658
HCPCS	A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	22	0	21	43	0.97863076
HCPCS	A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	1	0	1	2	1.86684606

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HCPCS	A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	1	0	7	8	1.44958767
HCPCS	A9279	MONITORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHERWISE CLASSIFIED	2	1	1	4	1.26793281
HCPCS	A9520	TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES	1	0	0	1	0.2309838
HCPCS	A9528	IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	1	0	0	1	1.94988426
HCPCS	A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	1	0	0	1	3.01641204
HCPCS	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	67	0	3	70	0.62659517
HCPCS	A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	3	0	0	3	0.21066358
HCPCS	A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML	1	0	0	1	0.05121873
HCPCS	A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	0	0	1	1	0.62967593
HCPCS	A9587	GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE	1	0	0	1	0.25188657
HCPCS	A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN, THERAPEUTIC, 1 MILLICURIE	2	0	0	2	0.28281829
HCPCS	A9608	FLOTUFOLASTAT F18, DIAGNOSTIC, 1 MILLICURIE	1	0	0	1	0.69574074
HCPCS	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	2	0	0	2	0.13683766
HCPCS	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	2	0	0	2	0.13683766
HCPCS	B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1	0	0	1	0.08580494
HCPCS	B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1	0	0	1	0.18787037
HCPCS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	2	0	0	2	0.13683766
HCPCS	B9998	NOC FOR ENTERAL SUPPLIES	2	0	0	2	0.13683766
HCPCS	C1717	BRACHYTHERAPY SEED, HIGH DOSE RATE IRIIDIUM 192	2	0	0	2	0.54186343
HCPCS	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	5	0	0	5	0.42645602
HCPCS	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE (FOR FACILITY CLAIMS ONLY)	5	0	0	5	0.16688889
HCPCS	C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	7	0	0	7	0.38702216
HCPCS	C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR (FOR FACILITY CLAIMS ONLY)	5	0	0	5	0.16688889
HCPCS	C2616	BRACHYTHERAPY SOURCE, YTTRIUM-90	1	0	0	1	3.01641204

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HCPCS	C2618	PROBE/NEEDLE, CRYOABLATION	1	0	0	1	0.23516204
HCPCS	D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	0	0	1	1	1.11728009
HCPCS	D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	0	0	1	1	1.11728009
HCPCS	D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	0	0	1	1	1.11728009
HCPCS	D5986	FLUORIDE GEL CARRIER	1	0	0	1	0.23255787
HCPCS	D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	0	0	1	1	1.11728009
HCPCS	D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	0	0	1	1	1.11728009
HCPCS	D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	1	0	0	1	0.84236111
HCPCS	D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	1	0	0	1	0.84236111
HCPCS	D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	1	0	3	4	0.74025004
HCPCS	E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	1	0	0	1	0.74788194
HCPCS	E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	4	0	0	4	0.3399254
HCPCS	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	4	0	1	5	0.42669048
HCPCS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	3	1	0	4	1.01073373
HCPCS	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	3	1	0	4	1.01073373
HCPCS	E0607	HOME BLOOD GLUCOSE MONITOR	0	0	2	2	0.75745949
HCPCS	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	5	2	0	7	0.94364455
HCPCS	E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	3	1	0	4	1.45046586
HCPCS	E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	0	2	0	2	2.01415058
HCPCS	E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	5	1	0	6	1.06107832
HCPCS	E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	0	2	0	2	2.01415058
HCPCS	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	0	7	0	7	0.77344246
HCPCS	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT, NON-CLINICAL MODEL	1	7	3	11	0.86993723
HCPCS	E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	3	0	0	3	0.5460144

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HCPCS	E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	3	0	6	9	0.7599977
HCPCS	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	0	0	1	1	0.0600463
HCPCS	E0776	IV POLE	3	0	0	3	0.10827372
HCPCS	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	1	0	0	1	0.05114583
HCPCS	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	1	0	0	1	1.96128472
HCPCS	E0849	TRACTION EQUIPMENT, CERVICAL, FREE STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	0	0	1	1	1.02011574
HCPCS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	5	0	0	5	0.48815072
HCPCS	E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	1	0	0	1	0.29506944
HCPCS	E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	2	0	0	2	0.16218171
HCPCS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	2	0	0	2	0.16810185
HCPCS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	1	0	0	1	0.29506944
HCPCS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	5	0	0	5	0.48815072
HCPCS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	5	0	0	5	0.48815072
HCPCS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	5	0	0	5	0.48815072
HCPCS	E0978	WHEELCHAIR ACCESSORY, POSITIONING/SAFETY BELT/PELVIC STRAP, EACH	3	0	0	3	0.12184414
HCPCS	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	3	0	0	3	0.12183256
HCPCS	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	3	0	0	3	0.12183256
HCPCS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	1	0	0	1	1.26625127
HCPCS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	3	0	0	3	0.12183256
HCPCS	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	0	1	0	1	0.85262731
HCPCS	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	0	1	3	4	0.13649744
HCPCS	E2102	ADJU CGM RECEIVER/MONITOR	1	0	1	2	1.28681713
HCPCS	E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	1	0	0	1	0.903125
HCPCS	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	3	0	0	3	0.37169367

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HCPCS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	1	0	0	1	1.26625127
HCPCS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	2	0	0	2	0.54708912
HCPCS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	1	0	0	1	0.28520833
HCPCS	E2298	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	2	0	0	2	0.16810185
HCPCS	E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	3	0	0	3	0.12183256
HCPCS	E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	3	0	0	3	0.12183256
HCPCS	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	1	0	0	1	0.02929398
HCPCS	E2361	POWER WHEELCHAIR ACCESSORY 22NF SEALED LEAD ACID BATTERY, EACH, (E.G., GEL CELL, ABSORBED GLASSMAT)	1	0	0	1	0.29506944
HCPCS	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	1	0	0	1	0.04113426
HCPCS	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	3	0	0	3	0.12183256
HCPCS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1	0	0	1	0.0594213
HCPCS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1	0	0	1	1.26625127
HCPCS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1	0	0	1	0.80896991
HCPCS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1	0	0	1	0.04113426
HCPCS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	3	0	0	3	0.71154749
HCPCS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	4	0	0	4	0.09660012
HCPCS	E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	2	0	0	2	0.16218171
HCPCS	E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1	0	0	1	0.28520833

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HCPCS	E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTHLESS THAN 22 INCHES, ANY DEPTH	2	0	0	2	0.54795718
HCPCS	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STERIOD AND/OR OTHER THERAPEUTIC AGENT AND ARTHROGRAPHY	15	0	0	15	0.60983937
HCPCS	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	3	0	0	3	0.59810185
HCPCS	G0330	FACILITY SERVICES FOR DENTAL REHABILITATION PROCEDURE(S) PERFORMED ON A PATIENT WHO REQUIRES MONITORED ANESTHESIA (E.G., GENERAL, INTRAVENOUS SEDATION (MONITORED ANESTHESIA CARE) AND USE OF AN OPERATING ROOM	1	0	0	1	0.79782407
HCPCS	G3002	CHRONIC PAIN MANAGEMENT AND TREATMENT, MONTHLY BUNDLE INCLUDING, DIAGNOSIS; ASSESSMENT AND MONITORING; ADMINISTRATION OF A VALIDATED PAIN RATING SCALE OR TOOL; THE DEVELOPMENT, IMPLEMENTATION, REVISION, AND/OR MAINTENANCE OF A PERSON-CENTERED CARE PLAN THAT INCLUDES STRENGTHS, GOALS, CLINICAL NEEDS, AND DESIRED OUTCOMES; OVERALL TREATMENT MANAGEMENT; FACILITATION AND COORDINATION OF ANY NECESSARY BEHAVIORAL HEALTH TREATMENT; MEDICATION MANAGEMENT; PAIN AND HEALTH LITERACY COUNSELING; ANY NECESSARY CHRONIC PAIN RELATED CRISIS CARE; AND ONGOING COMMUNICATION AND CARE COORDINATION BETWEEN RELEVANT PRACTITIONERS FURNISHING CARE, E.G. PHYSICAL THERAPY AND OCCUPATIONAL THERAPY, COMPLEMENTARY AND INTEGRATIVE APPROACHES, AND COMMUNITY-BASED CARE, AS APPROPRIATE. REQUIRED INITIAL FACE-TO-FACE VISIT AT LEAST 30 MINUTES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH PROFESSIONAL; FIRST 30 MINUTES PERSONALLY PROVIDED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH. (WHEN USING G3002, 30 MINUTES MUST BE MET OR EXCEEDED.)	0	0	1	1	0.81728009
HCPCS	G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	1	0	0	1	0.13186343
HCPCS	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	1	0	0	1	0.13186343
HCPCS	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	1	0	0	1	1.89773907
HCPCS	G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION THERAPY (EG, 3D POSITIONAL TRACKING, GATING, 3D SURFACE TRACKING), EACH FRACTION OF TREATMENT	1	0	0	1	0.93818287
HCPCS	H0033	ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION	1	0	0	1	1.23400463
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).	7	0	0	7	0.89782903
HCPCS	J0135	INJECTION, ADALIMUMAB, 20 MG	1	0	0	1	2.21541667
HCPCS	J0139	INJECTION, ADALIMUMAB, 1 MG	54	0	11	65	0.71129324
HCPCS	J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	16	0	0	16	1.17990162
HCPCS	J0178	INJECTION, AFLIBERCEPT, 1 MG	3	0	0	3	0.4683151
HCPCS	J0185	INJECTION, APREPITANT, 1 MG	9	0	0	9	0.3988876

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J0225	INJECTION, VUTRISIRAN, 1 MG	0	0	1	1	1.01190972
HCPCS	J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	1	0	0	1	1.68
HCPCS	J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	1	0	0	1	1.97974537
HCPCS	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	0	0	2	2	0.85590856
HCPCS	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG" TO INSTEAD READ,"INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG	2	0	2	4	0.5473206
HCPCS	J0402	INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFI), 1 MG	1	0	2	3	0.72110212
HCPCS	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	1	0	0	1	0.83668981
HCPCS	J0490	INJECTION, BELIMUMAB, 10 MG	2	0	0	2	0.12128472
HCPCS	J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG	1	0	0	1	1.96523148
HCPCS	J0517	INJECTION, BENRALIZUMAB, 1 MG	2	0	0	2	1.09332755
HCPCS	J0571	BUPRENORPHINE, ORAL, 1 MG	20	0	16	36	1.090308
HCPCS	J0572	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE	3	0	0	3	0.6922338
HCPCS	J0573	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 3.1 TO 6 MG	1	0	1	2	0.07571181
HCPCS	J0574	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	8	0	1	9	0.97676312
HCPCS	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	95	1	9	105	0.59958283
HCPCS	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	2	0	0	2	0.13865741
HCPCS	J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	1	0	0	1	0.37560185
HCPCS	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	1	0	0	1	0.23952546
HCPCS	J0606	INJECTION, ETELCALCETIDE, 0.1 MG	2	0	0	2	0.23457176
HCPCS	J0638	INJECTION, CANAKINUMAB, 1 MG	1	0	2	3	3.32991512
HCPCS	J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	9	0	0	9	0.43222094
HCPCS	J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	1	0	0	1	1.07144676
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)	6	0	1	7	0.4795916
HCPCS	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	0	0	2	2	0.97601273
HCPCS	J0739	INJECTION, CABOTEGRAVIR, 1MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)	1	0	0	1	0.85135417
HCPCS	J0741	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2MG/3MG	0	0	3	3	0.88870756

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	4	0	0	4	0.50637153
HCPCS	J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	1	0	0	1	0.89013889
HCPCS	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	1	0	0	1	0.02421296
HCPCS	J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	1	0	0	1	1.04128767
HCPCS	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	0	0	1	1	2.00592593
HCPCS	J0897	INJECTION, DENOSUMAB, 1 MG	42	0	8	50	0.98492361
HCPCS	J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0	0	1	1	0.85986111
HCPCS	J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	111	0	20	131	1.02820879
HCPCS	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	13	0	0	13	0.89816291
HCPCS	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	15	0	0	15	1.10930633
HCPCS	J1306	INJECTION, INCLISIRAN, 1 MG	2	0	1	3	1.24625772
HCPCS	J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	1	0	0	1	0.04091435
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)	23	0	1	24	1.06457383
HCPCS	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	2	0	0	2	0.64685997
HCPCS	J1440	FECAL MICROBIOTA JSML 1 ML	0	0	1	1	0.06671296
HCPCS	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	2	0	0	2	0.66820602
HCPCS	J1453	INJECTION, FOSAPREPITANT, 1 MG	8	0	0	8	1.02855886
HCPCS	J1454	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	1	0	0	1	0.92409722
HCPCS	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG	3	0	1	4	1.006739
HCPCS	J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	1	0	0	1	0.06343056
HCPCS	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG.	1	0	0	1	0.08809028
HCPCS	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	3	0	0	3	0.54169367
HCPCS	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E. G.LIQUID), 500 MG	7	0	1	8	0.34092448
HCPCS	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	2	0	0	2	2.02681713
HCPCS	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG	3	0	0	3	0.92596836
HCPCS	J1595	INJECTION, GLATIRAMER ACETATE, 20 MG	1	0	0	1	1.84386574
HCPCS	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	3	0	0	3	1.72216049
HCPCS	J1628	INJECTION, GUSELKUMAB, 1 MG	4	0	0	4	0.29340278
HCPCS	J1631	HALOPERIDOL DECANOATE INJ	0	0	1	1	0.94106481

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	14	0	0	14	1.13922702
HCPCS	J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	1	0	0	1	1.04128767
HCPCS	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	14	0	2	16	1.1185735
HCPCS	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	16	0	0	16	0.73331017
HCPCS	J1756	INJECTION, IRON SUCROSE, 1 MG	2	0	0	2	0.23457176
HCPCS	J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	1	0	0	1	1.13332847
HCPCS	J1815	INJECTION, INSULIN, PER 5 UNITS	12	0	24	36	0.69117252
HCPCS	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	1	0	1	2	0.82215856
HCPCS	J1930	INJECTION, LANREOTIDE, 1 MG	1	0	0	1	0.16988426
HCPCS	J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG	1	0	0	1	0.93811343
HCPCS	J1944	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	0	0	1	1	0.82929398
HCPCS	J2060	INJECTION, LORAZEPAM, 2 MG	3	0	0	3	0.05614583
HCPCS	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	14	0	0	14	1.13922702
HCPCS	J2182	INJECTION, MEPOLIZUMAB, 1 MG	2	0	1	3	1.23703318
HCPCS	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	1	0	0	1	0.94280985
HCPCS	J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	3	0	2	5	0.70890509
HCPCS	J2323	INJECTION, NATALIZUMAB, 1 MG	6	0	0	6	0.52772184
HCPCS	J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	2	0	0	2	0.15265046
HCPCS	J2329	INJECTION, UBLITUXIMAB-XIY, 1MG	2	0	0	2	0.44882329
HCPCS	J2350	INJECTION, OCRELIZUMAB, 1 MG	20	0	3	23	1.1448126
HCPCS	J2354	INJECTION, OCTREOTIDE, NONDEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	1	0	0	1	0.09103009
HCPCS	J2356	INJECTION, TEZEPELUMAB-EKKO, 1 MG	3	0	1	4	1.16028646
HCPCS	J2357	INJECTION, OMALIZUMAB, 5 MG	12	0	5	17	1.23630424
HCPCS	J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	1	0	0	1	0.07466435
HCPCS	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	5	0	0	5	0.39843653
HCPCS	J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA SUSTENNA), 1 MG	0	0	2	2	0.48332755
HCPCS	J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	1	0	0	1	1.97974537
HCPCS	J2468	EQUIVALENT TO J2469, 25 MICROGRAMS INJECTION, PALONOSETRON HYDROCHLORIDE (POSFREA), 25 MICROGRAMS	2	0	0	2	1.29068486
HCPCS	J2469	INJECTION, PALONOSETRON HCL, 25 MCG	24	0	0	24	0.61520924
HCPCS	J2501	INJECTION, PARICALCITOL, 1 MCG	1	0	0	1	0.33023148

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	3	0	0	3	0.5985571
HCPCS	J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	1	0	0	1	0.09103009
HCPCS	J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	1	0	0	1	1.97974537
HCPCS	J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG	1	0	0	1	0.18199074
HCPCS	J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	1	0	0	1	1.05693287
HCPCS	J2782	INJECTION, AVACINCAPTED PEGOL, 0.1 MG	1	0	0	1	0.23422454
HCPCS	J2787	RIBOFLAVIN 5'-PHOPHATE OPHTHALMIC SOLUTION, UP TO 3 ML	1	0	0	1	0.85184028
HCPCS	J2793	INJECTION, RILONACEPT, 1 MG	2	0	0	2	1.00560764
HCPCS	J2799	INJ, UZEDY, 1 MG	0	0	1	1	0.82966435
HCPCS	J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	1	0	2	3	0.41783951
HCPCS	J2919	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	7	0	0	7	0.51464326
HCPCS	J2941	INJECTION, SOMATROPIN, 1MG	12	0	1	13	0.88155387
HCPCS	J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	14	0	0	14	1.13922702
HCPCS	J3031	INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	2	0	0	2	0.06423611
HCPCS	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	5	0	0	5	1.26654424
HCPCS	J3110	INJECTION, TERIPARATIDE, 10 MCG	2	0	0	2	0.60991319
HCPCS	J3121	INJECTION, TESTOSTERONE ENANTHATE, 1MG	1	0	0	1	0.04255787
HCPCS	J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	4	0	0	4	1.94739008
HCPCS	J3357	INJECTION, USTEKINUMAB, 1 MG	12	0	0	12	1.56962288
HCPCS	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	3	0	1	4	2.42400752
HCPCS	J3380	INJECTION, VEDOLIZUMAB, INTRAVENOUS, 1 MG	15	0	2	17	0.93384055
HCPCS	J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	1	0	1	2	0.21771991
HCPCS	J3420	INJECTION, VITAMIN B- 12 CYANOCOBALAMIN, UP TO 1000 MCG	1	0	0	1	3.56788194
HCPCS	J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	2	0	0	2	1.62709491
HCPCS	J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	2	0	0	2	1.62709491
HCPCS	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	1	0	0	1	0.86197917
HCPCS	J3490	UNCLASSIFIED DRUGS	1,325	0	1,111	2,436	0.95066699
HCPCS	J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	5	0	9	14	1.08465364
HCPCS	J3590		0	0	1	1	1.03587963
HCPCS	J3590	UNCLASSIFIED BIOLOGICS	242	0	49	291	0.90222964
HCPCS	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	4	0	0	4	0.58673779

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J7040	INFUSION, NORMAL SALINE SOLUTION , 500 CC	1	0	0	1	0.09103009
HCPCS	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	2	0	0	2	0.95866348
HCPCS	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	1	0	0	1	0.66438657
HCPCS	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	2	0	0	2	0.10381366
HCPCS	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	1	0	0	1	0.65179398
HCPCS	J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIQ), PER FACTOR VIII I.U.	1	0	0	1	0.85342593
HCPCS	J7311	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (RETISERT), 0.01 MG	1	0	0	1	1.1762963
HCPCS	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	9	0	1	10	0.71004002
HCPCS	J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7	0	0	7	0.41270172
HCPCS	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	5	0	1	6	0.43948688
HCPCS	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	2	0	0	2	0.2693287
HCPCS	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	14	0	2	16	0.83647107
HCPCS	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	4	0	3	7	0.86315642
HCPCS	J7351	INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	1	0	0	1	0.97833333
HCPCS	J7601	ENSIFENTRINE INH 3 MG	1	0	0	1	0.84804398
HCPCS	J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	2	0	0	2	0.50241257
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	13	0	0	13	1.15567041
HCPCS	J7639	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1	0	0	1	0.95748843
HCPCS	J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG	0	1	0	1	2.75873843
HCPCS	J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	1	0	0	1	1.70409722
HCPCS	J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	1	0	0	1	0.84327546
HCPCS	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	433	0	153	586	0.91396938
HCPCS	J8515	CABERGOLINE, ORAL 0.25MG	1	0	0	1	0.05415509
HCPCS	J8520	CAPECITABINE, ORAL, 150 MG	1	0	0	1	0.94356481
HCPCS	J8522	CAPECITABINE, ORAL, 50 MG	3	0	0	3	0.35871142

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J8540	DEXAMETHASONE, ORAL, 0.25 MG	1	0	0	1	0.23836097
HCPCS	J8597	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	0	0	1	1	2.79481481
HCPCS	J8610	METHOTREXATE ORAL 2.5 MG	0	0	1	1	0.16034722
HCPCS	J8700	TEMOZOLMIDE, ORAL, 5 MG	3	0	0	3	0.62880401
HCPCS	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	56	0	6	62	0.76453312
HCPCS	J9000	DOXORUBICIN HCL, 10 MG	12	0	0	12	0.57013639
HCPCS	J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1 MG	1	0	0	1	0.9733912
HCPCS	J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	1	0	0	1	0.15966435
HCPCS	J9035	INJECTION, BEVACIZUMAB 10 MG	7	0	0	7	1.37553571
HCPCS	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	4	0	0	4	0.08607639
HCPCS	J9041	INJECTION, BORTEZOMIB, 0.1 MG	1	0	0	1	0.74171296
HCPCS	J9045	INJECTION, CARBOPLATIN, 50 MG	10	0	0	10	1.08983596
HCPCS	J9047	INJECTION, CARFILZOMIB, 1 MG	2	0	0	2	1.01215856
HCPCS	J9055	INJECTION, CETUXIMAB, 10 MG	2	0	0	2	0.53953704
HCPCS	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	4	0	0	4	0.89865162
HCPCS	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROMEDICS), 5 MG	1	0	0	1	0.78413194
HCPCS	J9072	INJECTION, CYCLOPHOSPHAMIDE (AVYXA), 5 MG	2	0	0	2	0.99489005
HCPCS	J9073	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	2	0	0	2	0.53966435
HCPCS	J9073	INJECTION, CYCLOPHOSPHAMIDE (DR. REDDY'S), 5 MG	1	0	0	1	0.11653935
HCPCS	J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG	3	0	0	3	0.69551921
HCPCS	J9100	INJECTION, CYTARABINE, 100 MG.	1	0	0	1	0.05219907
HCPCS	J9118	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	1	0	0	1	0.25918981
HCPCS	J9119	INJECTION, CEMIPIMAB-RWLC, 1 MG	1	0	0	1	0.0244213
HCPCS	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	2	0	0	2	0.82425926
HCPCS	J9155	INJECTION, DEGARELIX, 1 MG	2	0	0	2	0.78492477
HCPCS	J9171	INJECTION, DOCETAXEL, 1 MG	2	0	0	2	0.47955664
HCPCS	J9173	INJECTION, DURVALUMAB, 10 MG	3	0	0	3	0.79270448
HCPCS	J9181	INJECTION, ETOPOSIDE, 10 MG	3	0	0	3	0.62113812
HCPCS	J9190	FLUOROURACIL, 500 MG	12	0	1	13	0.45611142
HCPCS	J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	4	0	0	4	0.18149595
HCPCS	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	6	0	0	6	0.64485532
HCPCS	J9206	INJECTION, IRINOTECAN, 20 MG	6	0	1	7	0.62544204

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J9209	MESNA, 200 MG	1	0	0	1	1.13332847
HCPCS	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	8	0	0	8	0.59981337
HCPCS	J9218	LEUPROLIDE ACETATE, PER 1 MG	0	0	1	1	1.10210648
HCPCS	J9228	INJECTION, IPILIMUMAB, 1 MG	1	0	0	1	0.27480324
HCPCS	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	1	0	0	1	1.13332847
HCPCS	J9250	METHOTREXATE SODIUM, 5 MG	1	0	0	1	0.84244213
HCPCS	J9255	INJECTION, METHOTREXATE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9250 OR J9260, 50 MG	1	0	0	1	1.13332847
HCPCS	J9260	INJECTION, METHOTREXATE SODIUM, 50 MG	2	0	0	2	1.01524306
HCPCS	J9263	INJECTION, OXALIPLATIN, 0.5 MG	5	0	0	5	0.39531481
HCPCS	J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	1	0	0	1	0.12561343
HCPCS	J9267	INJECTION, PACLITAXEL, 1 MG	7	0	0	7	1.01229147
HCPCS	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	9	0	0	9	0.58955118
HCPCS	J9294	INJECTION, PEMETREXED (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9305,10 MG	2	0	0	2	1.84296875
HCPCS	J9299	INJECTION, NIVOLUMAB, 1 MG	4	0	0	4	0.53338252
HCPCS	J9303	INJECTION, PANITUMUMAB, 10 MG	4	0	0	4	0.1053412
HCPCS	J9305	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	1	0	0	1	0.19428241
HCPCS	J9306	INJECTION, PERTUZUMAB, 1 MG	5	0	0	5	0.60038673
HCPCS	J9312	INJECTION, RITUXIMAB, 10 MG	9	0	0	9	1.32890432
HCPCS	J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	1	0	0	1	0.18769676
HCPCS	J9334	INJECTION, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	1	0	0	1	0.10821759
HCPCS	J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	1	0	0	1	1.10412037
HCPCS	J9351	INJECTION, TOPOTECAN, 0.1 MG	1	0	0	1	0.8359838
HCPCS	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	2	0	0	2	0.0804919
HCPCS	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	3	0	0	3	0.93946636
HCPCS	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG.	2	0	0	2	0.16931713
HCPCS	J9370	VINCRISTINE SULFATE, 1 MG	8	0	0	8	0.53754688
HCPCS	J9395	INJECTION, FULVESTRANT, 25 MG	1	0	0	1	2.67228009
HCPCS	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	1	0	0	1	0.0594213
HCPCS	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	4	0	0	4	0.59533307
HCPCS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	1	0	0	1	0.02090278
HCPCS	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	4	1	0	5	0.94935417

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	3	0	0	3	0.12183256
HCPCS	L0180	CERVICAL, MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	0	1	0	1	0.87696759
HCPCS	L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	3	0	0	3	1.02735481
HCPCS	L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	1	0	0	1	0.10071759
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	0.8962963
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	12	0	1	13	0.27520833
HCPCS	L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	2	0	0	2	1.16084491
HCPCS	L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON 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	2	0	0	2	0.11868056

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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	0.74814056
HCPCS	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	0	6	0	6	0.75618827
HCPCS	L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	2	0	0	2	0.5523206
HCPCS	L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	1	0	0	1	0.15001157
HCPCS	L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF	1	0	0	1	0.74788194
HCPCS	L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	0	0	1	0.91050926
HCPCS	L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	1	0	2	3	0.34514275
HCPCS	L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	0	0	1	1	0.87846065
HCPCS	L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	0	1	0	1	0.80266204
HCPCS	L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	0	1	0	1	0.80266204
HCPCS	L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	0	1	0	1	0.80266204
HCPCS	L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	0	1	0	1	0.80266204
HCPCS	L5650	ADDITION TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	0	1	0	1	0.80266204
HCPCS	L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	0	1	0	1	0.80266204
HCPCS	L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	0	1	0	1	0.80266204
HCPCS	L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	0	1	0	1	0.80266204

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	0	1	0	1	0.80266204
HCPCS	L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	0	1	0	1	0.80266204
HCPCS	L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	0	1	0	1	0.80266204
HCPCS	L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	0	1	0	1	0.80266204
HCPCS	L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	0	1	0	1	0.80266204
HCPCS	L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	1	0	1	2	0.43743008
HCPCS	L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	0	1	0	1	0.80266204
HCPCS	L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	0	1	0	1	0.80266204
HCPCS	L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	0	0	1	1	0.87846065
HCPCS	L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	0	1	0	1	0.80266204
HCPCS	L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	0	1	0	1	0.80266204
HCPCS	L5986	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ROTATION UNIT ("MCP" OR EQUAL)	0	1	0	1	0.80266204
HCPCS	L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES, TWO BATTERIES, CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE, EXCLUDES TERMINAL DEVICE(S)	0	0	1	1	3.3566088
HCPCS	L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS, INCLUDES MOTOR(S)	0	0	1	1	3.3566088
HCPCS	L6890	ACQUIRED ABSENCE OF RIGHT FINGER(S)	0	0	1	1	3.3566088
HCPCS	L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	0	0	1	0.32631944
HCPCS	L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	1	0	0	1	0.15511211
HCPCS	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	1	0	0	1	0.15511211
HCPCS	L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	0	1	0	1	0.80266204
HCPCS	L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	0	1	0	1	0.80266204
HCPCS	L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	1	0	0	1	0.07375

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HCPCS	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	0	0	1	1	0.78209491
HCPCS	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	6	0	0	6	0.30304591
HCPCS	L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY	3	0	0	3	0.09529169
HCPCS	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	5	0	0	5	0.16688889
HCPCS	L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	1	0	0	1	0.07438657
HCPCS	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	5	1	0	6	1.35829007
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	0.02260802
HCPCS	Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48-HOUR DOSAGE REGIMEN	1	0	0	1	1.13332847
HCPCS	Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN, PER 500 ML	0	0	1	1	0.87243056
HCPCS	Q2056	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	1	0	0	1	2.91918981
HCPCS	Q3028	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	1	0	0	1	0.21650463
HCPCS	Q5101	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM	1	0	0	1	0.02318287
HCPCS	Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	6	0	3	9	1.39378377
HCPCS	Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	1	0	0	1	0.20079861
HCPCS	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	2	0	0	2	0.23457176
HCPCS	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	4	0	0	4	0.0985529
HCPCS	Q5108	INJECTION, PEGFILGRASTIM-JMDB (FULPHILA), BIOSIMILAR, 0.5 MG	2	0	0	2	0.60399641
HCPCS	Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	1	0	0	1	2.0456537
HCPCS	Q5111	INJECTION, PEGFILGRASTIM-CBQV (UDENYCA), BIOSIMILAR, 0.5 MG	8	0	1	9	1.03152521
HCPCS	Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	2	0	0	2	0.07152932
HCPCS	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	5	0	0	5	0.62444635
HCPCS	Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	1	0	0	1	0.14459491
HCPCS	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	2	0	0	2	0.42309606
HCPCS	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG.	6	0	1	7	1.34779101
HCPCS	Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG.	1	0	0	1	0.05012731

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	2	0	0	2	0.5279919
HCPCS	Q5125	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM	3	0	0	3	0.6931859
HCPCS	Q5126	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	3	0	0	3	0.45403935
HCPCS	Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	7	0	1	8	0.54460793
HCPCS	Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	2	0	0	2	1.21820023
HCPCS	Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	1	0	0	1	0.83668981
HCPCS	Q5135	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	7	0	0	7	0.68533069
HCPCS	Q5142	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	11	0	0	11	1.12427083
HCPCS	Q9982	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	0	0	1	1	0.23354167
HCPCS	Q9991	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100 MG	1	0	2	3	0.58848765
HCPCS	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	4	0	1	5	0.8197662
HCPCS	S0028	INJECTION, FAMOTIDINE, 20 MG	14	0	0	14	1.13922702
HCPCS	S0090	SILDENAFIL CITRATE, 25 MG	0	0	4	4	0.98167535
HCPCS	S0106	BUPROPION HCL SR 60 TABLETS	4	0	9	13	1.5354505
HCPCS	S0117	TRETINOIN, TOPICAL, 5 GRAMS	0	0	2	2	0.53255787
HCPCS	S0119	ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE HCPCS Q CODE)	0	0	1	1	1.78761574
HCPCS	S0189	TESTOSTERONE PELLET, 75MG	3	0	0	3	2.51304686
HCPCS	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	2	0	0	2	0.90048032
HCPCS	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	1	0	0	1	0.25893519
HCPCS	S2095	TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTION, PERCUTANEOUS, ANY METHOD, USING YTTRIUM-90 MICROSPHERES	1	0	0	1	3.01641204
HCPCS	S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	1	0	1	2	1.0104919
HCPCS	S5498	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, SIMPLE (SINGLE LUMEN), INCLUDES ADMINISTRATIVE SERVICE, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	1.07144676
HCPCS	S5502	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, IMPLANTED ACCESS DEVICE, INCLUDES ADMINISTRATIVE SERVICE, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (USE THIS CODE FOR INTERIM MAINTENANCE OF VASCULAR ACCESS NOT CURRENTLY IN USE)	2	0	0	2	0.41506366

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	S9330	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY INFUSION; 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	0.05114583
HCPCS	S9346	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR (E.G., PROLASTIN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	1.68
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	0.28811343
HCPCS	S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.05114583
HCPCS	S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.14166667
HCPCS	S9500	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 24 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	1.07144676
HCPCS	S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.84878472
HCPCS	V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	1	0	0	1	0.24503472
HCPCS	V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	1	0	0	1	1.07015046
Overall - Total			5,690	141	1,864	7,695	

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
Investigative	136	110	26	272
Medical Necessity	208	84	124	416

Healthcare Provider Specialty
<p>Data by healthcare provider specialty is available by request.</p> <p>Requests shall be sent to: Amy Scharaswak</p> <p>Name Amy Scharaswak Address PO Box 2266, Cheyenne WY 82001 Email Amy.Scharaswak@bcbswy.com</p> <p>The above to be completed by Health Insurers or Utilization Review Entities .</p> <p>Upon receipt of all required information, insurer will provide the report within 30 calendar days to the requesting entity.</p>

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 request denial.
Appeal Count	Number of initial 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.