

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J3490	UNCLASSIFIED DRUGS	1,337	0	1,156	2,493	0.99874656
HCPCS	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	351	0	167	518	0.9588919
HCPCS	J3590	UNCLASSIFIED BIOLOGICS	189	0	51	240	1.11944347
HCPCS	J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	146	0	27	173	1.00683728
CPT	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	122	0	5	127	0.50475603
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	106	0	5	111	0.50360283
HCPCS	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	107	0	3	110	0.65622577
CPT	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	56	0	0	56	0.39569098
HCPCS	J0897	INJECTION, DENOSUMAB, 1 MG	38	0	8	46	0.83306641
HCPCS	J0139	INJECTION, ADALIMUMAB, 1 MG	33	0	12	45	1.06359799
HCPCS	A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	13	0	28	41	0.87172505
CPT	64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	39	0	1	40	0.77463521
HCPCS	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	37	0	0	37	0.74197628
CPT	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	36	0	0	36	0.32640993
HCPCS	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	29	0	5	34	0.68123882
CPT	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	32	0	1	33	0.76427107
HCPCS	Q5142	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	27	0	6	33	0.60795981
HCPCS	J1815	INJECTION, INSULIN, PER 5 UNITS	13	0	19	32	0.55978262
HCPCS	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	31	0	1	32	0.68142081
CPT	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY	28	0	2	30	0.52826213
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)	23	0	4	27	0.44048637

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	26	0	1	27	0.6457399
CPT	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	22	0	4	26	1.22929228
HCPCS	S0117	TRETINOIN, TOPICAL, 5 GRAMS	18	0	8	26	0.5611675
CPT	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	21	0	3	24	1.2267603
HCPCS	J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	22	0	1	23	0.51334316
HCPCS	J3357	INJECTION, USTEKINUMAB, 1 MG	21	0	1	22	1.01914359
CPT	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	16	0	5	21	1.2903358
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	16	0	4	20	0.50934201
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)	20	0	0	20	0.77872801
HCPCS	J2357	INJECTION, OMALIZUMAB, 5 MG	17	0	3	20	1.19022526
CPT	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY; FIRST VEIN TREATED	19	0	0	19	0.50792701
CPT	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELINES)	12	1	6	19	0.60401687
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)	19	0	0	19	0.95203521
HCPCS	J2350	INJECTION, OCRELIZUMAB, 1 MG	16	0	3	19	1.31123604
CPT	55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	18	0	0	18	0.36708475
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	10	1	7	18	0.63762217
CPT	91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMAGING, WITH INTERPRETATION AND REPORT	17	0	1	18	0.47574401
HCPCS	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STERIOD AND/OR OTHER THERAPEUTIC AGENT AND ARTHROGRAPHY	18	0	0	18	0.49324578

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	3	0	15	18	0.37976918
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)	17	0	0	17	0.90321078
CPT	81432	HEREDIATRY BREAST CANCER-RELATED DISORDERS (EG, HEREDIATRY BREAST CANCER,HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); GENOMICSEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES,ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11,AND TP53HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER,HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARYPANCREATIC CANCER, HEREDITARY PROSTATE CANCER), GENOMIC SEQUENCE ANALYSISPANEL, 5 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPYNUMBER VARIANTS; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCINGOF AT LEAST 10 GENES, ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2,MSH6, PALB2, PTEN, STK11, AND TP53	4	0	13	17	0.81603634
CPT	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	15	0	1	16	1.28728672
HCPCS	J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	5	0	11	16	0.66656279
HCPCS	J3247	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG	12	0	4	16	0.89025969
CPT	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	1	0	14	15	0.67371033
CPT	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	3	0	12	15	1.06114418
CPT	0340U	ONCOLOGY (PAN-CANCER), ANALYSIS OF MINIMAL RESIDUAL DISEASE (MRD) FROM PLASMA, WITH ASSAYS PERSONALIZED TO EACH PATIENT BASED ON PRIOR NEXT-GENERATION SEQUENCING OF THE PATIENTS TUMOR AND GERMLINE DNA, REPORTED AS ABSENCE OR PRESENCE OF MRD, WITH DISEASE-BURDEN CORRELATION, IF APPROPRIATE	0	0	14	14	0.8290495
CPT	19303	MASTECTOMY, SIMPLE, COMPLETE	14	0	0	14	0.43912817
CPT	19318	BREAST REDUCTION	12	0	2	14	0.42372592
HCPCS	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	13	0	1	14	1.50392556
CPT	00170	ANESTHESIA FOR INTRORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	13	0	0	13	0.71388406
CPT	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT	13	0	0	13	0.44167141
CPT	36471	INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG	13	0	0	13	0.21443187
CPT	52000	CYSTOURETHROSCOPY; SEPARATE PROCEDURE	13	0	0	13	0.39544338

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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)	10	0	3	13	1.21928032
HCPCS	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	12	0	1	13	0.96397703
HCPCS	J2469	INJECTION, PALONOSETRON HCL, 25 MCG	13	0	0	13	0.68518558
HCPCS	J3380	INJECTION, VEDOLIZUMAB, INTRAVENOUS, 1 MG	11	0	2	13	0.81025413
CPT	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	12	0	0	12	0.5633015
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	12	0	0	12	1.03574653
CPT	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	12	0	0	12	0.36608932
CPT	64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)	12	0	0	12	0.33718626
CPT	81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G GREATER THAN A VARIANT	3	2	7	12	1.07116899
CPT	81519	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	12	0	0	12	0.32950217
HCPCS	J9190	FLUOROURACIL, 500 MG	12	0	0	12	0.41338336
CPT	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	11	0	0	11	0.42869319
CPT	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	11	0	0	11	0.27537273
CPT	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL	10	0	1	11	0.38716799
HCPCS	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	11	0	0	11	0.69409812
HCPCS	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	8	0	3	11	1.25688342
HCPCS	J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE	11	0	0	11	0.66926662
HCPCS	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	10	0	1	11	0.58378881
HCPCS	J9263	INJECTION, OXALIPLATIN, 0.5 MG	11	0	0	11	0.46434855
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	10	0	0	10	0.36006699

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	8	0	2	10	0.80852199
CPT	85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	8	1	1	10	0.90752282
CPT	96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	7	0	3	10	1.51040178
CPT	97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	9	1	0	10	0.54452475
HCPCS	J1628	INJECTION, GUSELKUMAB, 1 MG	10	0	0	10	0.86092824
HCPCS	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	8	0	2	10	1.28613536
HCPCS	S0106	BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS	4	0	6	10	0.84963426
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)	9	0	0	9	1.20817901
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)	8	0	1	9	0.37794882
CPT	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	5	0	4	9	0.3134605
CPT	80053	COMPREHENSIVE METABOLIC PANELTHIS PANEL MUST INCLUDE THE FOLLOWING:ALBUMIN (82040) BILIRUBIN, TOTAL (82247) CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374)CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) PHOSPHATASE, ALKALINE (84075) POTASSIUM (84132) PROTEIN, TOTAL (84155) SODIUM (84295) TRANSFERASE, ALANINE AMINO (ALT) (SGPT) (84460) TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) (84450) UREA NITROGEN (BUN) (84520)	8	1	0	9	0.78712779
CPT	88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE	4	2	3	9	0.90903035
CPT	95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	9	0	0	9	0.25983796
HCPCS	J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	9	0	0	9	0.40679509
HCPCS	J2329	INJECTION, UBLITUXIMAB-XIY, 1MG	7	0	2	9	1.24375437
HCPCS	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	9	0	0	9	1.07517618
CPT	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	8	0	0	8	0.499179
CPT	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	8	0	0	8	0.20127731
CPT	43202	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	8	0	0	8	0.69603666

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	8	0	0	8	0.34572483
CPT	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	8	0	0	8	1.14403698
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)	7	0	1	8	0.29160222
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	5	8	1.53040621
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	5	8	1.53040621
CPT	81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	3	0	5	8	1.53040621
CPT	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	2	0	6	8	0.64278591
CPT	83540	IRON	7	0	1	8	0.81515501
CPT	83550	IRON BINDING CAPACITY	7	0	1	8	0.81515501
CPT	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	2	3	8	0.90253183
CPT	91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH INTERPRETATION AND REPORT	7	0	1	8	0.69729342
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)	6	2	0	8	0.39594107
CPT	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES.	7	1	0	8	0.55572104
HCPCS	E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	3	0	5	8	0.48278356
HCPCS	J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	7	0	1	8	1.3220544
HCPCS	J1308	INJECTION, FAMOTIDINE, 0.25 MG	7	0	1	8	1.3220544
HCPCS	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	7	0	1	8	1.3220544
HCPCS	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	7	0	1	8	1.3220544
HCPCS	J2919	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	8	0	0	8	0.60000289
HCPCS	J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	7	0	1	8	1.3220544
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	7	0	1	8	1.3220544
HCPCS	J9370	VINCRIStINE SULFATE, 1 MG	8	0	0	8	0.78250723

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITHOUT ULTRASOUND GUIDANCE	7	0	0	7	0.59985946
CPT	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	7	0	0	7	0.54408289
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)	7	0	0	7	0.76227098
CPT	37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; VENOUS, OTHER THAN HEMORRHAGE (EG, CONGENITAL OR ACQUIRED VENOUS MALFORMATIONS, VENOUS AND CAPILLARY HEMANGIOMAS, VARICES, VARICOCELES)	7	0	0	7	0.6255506
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)	7	0	0	7	0.4004795
CPT	81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	2	1	4	7	1.1472569
CPT	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	2	0	5	7	0.64989196
CPT	81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF GREATER THAN 50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS)	2	0	5	7	0.49253244
CPT	82172	APOLIPOPROTEIN, EACH	0	0	7	7	0.44975131
CPT	83695	LIPOPROTEIN (A)	0	0	7	7	0.51293446
CPT	95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	0	1	6	7	0.5316369
CPT	95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	7	0	0	7	0.37973214
CPT	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	6	0	1	7	1.2279828
CPT	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	7	0	0	7	0.50856103
HCPCS	A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	7	0	0	7	0.77929156
HCPCS	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	7	0	0	7	0.75908224
HCPCS	J1453	INJECTION, FOSAPREPITANT, 1 MG	7	0	0	7	0.54114914
HCPCS	J3111	INJECTION, ROMOSUZUMAB-AQQG, 1 MG	3	0	4	7	1.54125205
HCPCS	J3262	INJECTION, TOCILIZUMAB, 1 MG	2	0	5	7	0.56819047
HCPCS	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	4	0	3	7	1.25962963
HCPCS	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	7	0	0	7	1.24895503

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HPCS	J9206	INJECTION, IRINOTECAN, 20 MG	7	0	0	7	0.23840178
HPCS	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	7	0	0	7	0.41447255
HPCS	J9260	INJECTION, METHOTREXATE SODIUM, 50 MG	7	0	0	7	0.77999835
HPCS	Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	7	0	0	7	2.33676263
CPT	0232T	INJECTION(S), PLATELET RICH PLASMA, ANY TISSUE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	0	0	6	6	0.9656056
CPT	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (E.G., RIBS SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	6	0	0	6	0.60804784
CPT	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	6	0	0	6	0.48973515
CPT	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	6	0	0	6	0.37529782
CPT	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	6	0	0	6	0.37753279
CPT	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	6	0	0	6	0.33097029
CPT	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	6	0	0	6	0.28115132
CPT	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	6	0	0	6	0.91718171
CPT	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	2	0	4	6	0.42248311
CPT	81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	5	0	1	6	0.83179591
CPT	81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE	5	0	1	6	0.83179591
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	1.84239347
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	3	6	1.84239347
CPT	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	1	0	5	6	0.67032334
CPT	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	2	0	4	6	0.87512606
CPT	82607	CYANOCOBALAMIN (VITAMIN B-12);	5	0	1	6	0.89506586
CPT	82728	FERRITIN	5	0	1	6	0.78432319
CPT	82746	FOLIC ACID; SERUM	5	0	1	6	0.89506586

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	4	1	1	6	0.23924971
CPT	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	3	2	1	6	0.48799472
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)	6	0	0	6	0.49744213
CPT	97112	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	5	1	0	6	0.52478917
HCPCS	C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	5	0	1	6	0.28530168
HCPCS	E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	6	0	0	6	0.53288774
HCPCS	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	3	0	3	6	1.09637306
HCPCS	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG	5	0	1	6	0.56075215
HCPCS	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG	6	0	0	6	0.38150055
HCPCS	J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	6	0	0	6	0.43786149
HCPCS	J7040	INFUSION, NORMAL SALINE SOLUTION , 500 CC	6	0	0	6	1.44540509
HCPCS	J9000	DOXORUBICIN HCL, 10 MG	6	0	0	6	0.53336995
HCPCS	J9100	INJECTION, CYTARABINE, 100 MG.	6	0	0	6	0.50438272
HCPCS	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	6	0	0	6	0.80250708
HCPCS	J9299	INJECTION, NIVOLUMAB, 1 MG	6	0	0	6	0.52520606
HCPCS	J9312	INJECTION, RITUXIMAB, 10 MG	6	0	0	6	1.42206329
HCPCS	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	5	0	1	6	0.18745367
HCPCS	Q5101	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM	6	0	0	6	0.2496584
HCPCS	Q5111	INJECTION, PEGFILGRASTIM-CBQV (UDENYCA), BIOSIMILAR, 0.5 MG	6	0	0	6	0.70740251
HCPCS	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG.	4	0	2	6	1.83277263
HCPCS	Q5135	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	3	0	3	6	1.14993988

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	1	2	2	5	1.20046296
CPT	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	5	0	0	5	0.43182753
CPT	31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	5	0	0	5	0.75526183
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)	5	0	0	5	0.0874838
CPT	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	5	0	0	5	0.34461574
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)	5	0	0	5	0.6125625
CPT	38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	5	0	0	5	0.54655426
CPT	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	4	0	1	5	1.38261111
CPT	58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND OVARY(S)	5	0	0	5	0.25690046
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	5	0	0	5	1.12763225
CPT	64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	5	0	0	5	0.64400056
CPT	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	5	0	0	5	0.54149429
CPT	69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	0	0	5	0.4749537
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	0.88072064
CPT	81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	5	0	0	5	0.94693056
CPT	81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)	4	0	1	5	0.80880056

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	3	0	2	5	0.6192213
CPT	83615	LACTIC DEHYDROGENASE (LD), (LDH)	5	0	0	5	0.9075
CPT	84550	URIC ACID; BLOOD	4	0	1	5	1.09793551
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	2	1	2	5	1.14584491
CPT	95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 61-119 MINUTES	5	0	0	5	0.35529861
HCPCS	J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED).	4	0	1	5	1.26155556
HCPCS	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG" TO INSTEAD READ,"INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG	1	0	4	5	0.56764815
HCPCS	J0517	INJECTION, BENRALIZUMAB, 1 MG	4	0	1	5	0.66408402
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)	4	0	1	5	1.17597454
HCPCS	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E. G.LIQUID), 500 MG	5	0	0	5	1.21594502
HCPCS	J2941	INJECTION, SOMATROPIN, 1MG	5	0	0	5	1.2372662
HCPCS	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	5	0	0	5	0.3223515
HCPCS	J9035	INJECTION, BEVACIZUMAB 10 MG	5	0	0	5	0.48446759
HCPCS	J9045	INJECTION, CARBOPLATIN, 50 MG	5	0	0	5	0.55224306
HCPCS	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	5	0	0	5	0.77968391
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	2	5	0.98332863
HCPCS	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	5	0	0	5	1.25135185
CPT	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	4	0	0	4	0.25588542
CPT	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	0	0	4	0.25588542
CPT	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	0	0	4	0.59936632

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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)	4	0	0	4	0.40838542
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)	4	0	0	4	0.59178241
CPT	38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	4	0	0	4	1.42742188
CPT	38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	4	0	0	4	0.43544271
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)	4	0	0	4	0.4434706
CPT	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	4	0	0	4	0.24376157
CPT	52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	4	0	0	4	1.63882597
CPT	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	4	0	0	4	0.2525347
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	0.06113137
CPT	76872	ULTRASOUND, TRANSRECTAL	4	0	0	4	0.30956308
CPT	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	3	0	1	4	0.35747685
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	4	0	0	4	0.25532791
CPT	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	4	0	0	4	0.25532791
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	0.25532791
CPT	81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	1	0	3	4	1.09159394
CPT	81219	CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9	4	0	0	4	0.57429398

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	2	0	2	4	1.96921849
CPT	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	4	0	0	4	0.57429398
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	4	4	0.74242077
CPT	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	0	0	4	4	0.74242077
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	3	0	1	4	0.22651042
CPT	81435	HEREDITARY COLON CANCER-RELATED DISORDERS (EG, LYNCH SYNDROME, PTENHAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS),GENOMIC SEQUENCE ANALYSIS PANEL, 5 OR MORE GENES, INTERROGATION FORSEQUENCE VARIANTS AND COPY NUMBER VARIANTS; GENOMIC SEQUENCE ANALYSISPANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC,BMPRI1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, AND STK11	3	0	1	4	0.65519536
CPT	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	2	2	0	4	0.48809741
CPT	95955	ELECTROENCEPHALOGRAM (EEG) DURING NON-INTRACRANIAL SURGERY (E.G., CAROTID SURGERY)	2	2	0	4	0.48809741
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	4	0	0	4	0.37687147
CPT	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIAN'S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL'S TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIONS, AND NON-FACE-TO-FACE ANALYZING PAST DATA, SCORING/INTERPRETING THE ASSESSMENT, AND PREPARING THE REPORT/TREATMENT PLAN	3	0	1	4	2.74574363
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	3	0	1	4	2.74574363

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	3	0	1	4	2.74574363
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	3	0	1	4	2.74574363
HCPCS	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	4	0	0	4	0.32159309
HCPCS	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE (FOR FACILITY CLAIMS ONLY)	3	0	1	4	0.32481016
HCPCS	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	0	0	4	4	0.44498843
HCPCS	J0402	INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFI), 1 MG	0	0	4	4	0.90962674
HCPCS	J0577	INJ, BRIXADI, 7 DAYS OR LESS	0	0	4	4	0.58515046
HCPCS	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	2	0	2	4	1.17471933
HCPCS	J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA SUSTENNA), 1 MG	2	0	2	4	0.99496238
HCPCS	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	4	0	0	4	0.44823495
HCPCS	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	4	0	0	4	0.18376157
HCPCS	L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	2	0	2	4	0.58185244
HCPCS	Q5108	INJECTION, PEGFILGRASTIM-JMDB (FULPHILA), BIOSIMILAR, 0.5 MG	4	0	0	4	0.49842882
HCPCS	Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	4	0	0	4	0.11249902
HCPCS	S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	2	0	2	4	1.61119792
CPT	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXTENSIVE SKIN WEIGHTING DOWN LID	3	0	0	3	1.34723939
CPT	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	3	0	0	3	0.39837963
CPT	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	3	0	0	3	0.5938966
CPT	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	3	0	0	3	0.57373457
CPT	19380	REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-ADVANCEMENT AND/OR RE-INSET OF FLAPS IN AUTOLOGOUS RECONSTRUCTION OR SIGNIFICANT CAPSULAR REVISION COMBINED WITH SOFT TISSUE EXCISION IN IMPLANT-BASED RECONSTRUCTION)	3	0	0	3	0.46751157
CPT	21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	2	0	1	3	0.39630401
CPT	21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	1	0	2	3	0.44162237

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.58102623
CPT	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	3	0	0	3	0.59803241
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	3	0	0	3	0.35692515
CPT	29999	UNLISTED PROCEDURE, ARTHROSCOPY	3	0	0	3	0.37825845
CPT	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	3	0	0	3	0.39710389
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	3	0	0	3	0.39940337
CPT	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	3	0	0	3	0.69044025
CPT	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	3	0	0	3	0.67420173
CPT	36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)	3	0	0	3	0.44966049
CPT	36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHEOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	3	0	0	3	0.44966049
CPT	36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHEOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	3	0	0	3	0.44966049
CPT	36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)	3	0	0	3	0.44966049
CPT	47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	3	0	0	3	0.20134259
CPT	55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERIPROSTATIC, SINGLE OR MULTIPLE INJECTION(S), INCLUDING IMAGE GUIDANCE, WHEN PERFORMED	2	1	0	3	0.33021991
CPT	55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE	2	1	0	3	0.33021991
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	0.44966049
CPT	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.5914892
CPT	63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY	3	0	0	3	0.37120777

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	1	0	2	3	0.45254244
CPT	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	3	0	0	3	0.40725309
CPT	64624	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1	0	2	3	0.48947688
CPT	67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	3	0	0	3	0.15561611
CPT	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)	3	0	0	3	0.38459105
CPT	75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	3	0	0	3	0.44966049
CPT	75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	3	0	0	3	0.44966049
CPT	75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION, OTHER THAN FOR THROMBOLYSIS	3	0	0	3	0.44966049
CPT	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (E.G., DIAGNOSTIC, INTERVENTIONAL)	3	0	0	3	0.36688561
CPT	76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCEDURE)	2	1	0	3	0.98335447
CPT	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	3	0	0	3	0.08624739
CPT	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	3	0	0	3	0.29967718
CPT	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	3	0	0	3	0.29967718
CPT	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	3	0	0	3	0.30502701
CPT	78195	LYMPHATICS AND LYMPH NODES IMAGING	3	0	0	3	0.62217207
CPT	81161	DMD (DYSTROPHIN) (EG, DUCHENNE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED	0	0	3	3	0.90452013
CPT	81162	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	1	0	2	3	1.37008436
CPT	81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSIN KINASE) (EG, ACQUIRED IMATINIB TYROSINE KINASE INHIBITOR RESISTANCE), GENEN ANALYSIS, VARIANTS IN THE KINASE DOMAIN	2	0	1	3	0.69647762
CPT	81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	0	2	3	1.37008436

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	2	0	1	3	0.36478395
CPT	81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT	2	0	1	3	0.49412423
CPT	81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	2	0	1	3	2.31470258
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	1	0	2	3	1.38883106
CPT	81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	2	0	1	3	2.31470258
CPT	81401	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATED VARIANT, OR 1 SOMATIC VARIANT [TYPICALLY USING NONSEQUENCING TARGET VARIANT ANALYSIS], OR DETECTION OF A DYNAMIC MUTATION DISORDER/TRIPLET REPEAT) ABCC8 (ATP-BINDING CASSETTE, SUB-FAMILY C [CFTR/MRP], MEMBER 8) (EG, FAMILIAL HYPERINSULINISM), COMMON VARIANTS (EG, C.3898-9G GREATER THAN A [C.3992-9G GREATER THAN A], F1388DEL) ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE) (EG, ACQUIRED IMATINIB RESISTANCE), T315I VARIANT ACADM (ACYL-COA DEHYDROGENASE, C-4 TO C-12 STRAIGHT CHAIN, MCAD) (EG, MEDIUM CHAIN ACYL DEHYDROGENASE DEFICIENCY), COMMONS VARIANTS (EG, K304E, Y42H) ADRB2 (ADRENERGIC BETA-2 RECEPTOR SURFACE) (EG, DRUG METABOLISM), COMMON VARIANTS (EG, G16R, Q27E) APOB (APOLIPOPROTEIN B) (EG, FAMILIAL HYPERCHOLESTEROLEMIA TYPE B), COMMON VARIANTS (EG, R3500Q, R3500W) APOE (APOLIPOPROTEIN E) (EG, HYPERLIPOPROTEINEMIA TYPE III, CARDIOVASCULAR DISEASE, ALZHEIMER DISEASE), COMMON VARIANTS (EG, *2, *3, *4) CBFB/MYH11 (INV(16)) (EG, ACUTE MYELOID LEUKEMIA), QUALITATIVE, AND QUANTITATIVE, IF PERFORMED CBS (CYSTATHIONINE-BETA-SYNTHASE) (EG, HOMOCYSTINURIA, CYSTATHIONINE BETA-SYNTHASE DEFICIENCY), COMMON VARIANTS (EG, I278T, G307S) CFH/ARMS2 (COMPLEMENT FACTOR H/AGE-RELATED MACULOPATHY SUSCEPTIBILITY 2) (EG, MACULAR DEGENERATION), COMMON VARIANTS (EG, Y402H [CFH], A69S [ARMS2]) DEK/NUP214 (T(6;9)) (EG, ACUTE MYELOID LEUKEMIA), TRANSLOCATION ANALYSIS, QUALITATIVE, AND QUANTITATIVE, IF PERFORMED E2A/PBX1 (T(1;19)) (EG, ACUTE LYMPHOCYTIC LEUKEMIA), TRANSLOCATION ANALYSIS, QUALITATIVE, AND QUANTITATIVE, IF PERFORMED EML4/ALK (INV(2)) (EG, NON-SMALL CELL LUNG CANCER), TRANSLOCATION OR INVERSION ANALYSIS ETV6/RUNX1 (T(12;21)) (EG, ACUTE LYMPHOCYTIC LEUKEMIA), TRANSLOCATION ANALYSIS, QUALITATIVE, AND QUANTITATIVE, IF PERFORMED EWSR1/ATF1 (T(12;22)) (EG, CLEAR CELL SARCOMA), TRANSLOCATION ANALYSIS, QUALITATIVE, AND QUANTITATIVE, IF PERFORMED EWSR1/ERG (T(21;22)) (EG, EWING SARCOMA/PERIPHERAL NEUROECTODERMAL TUMOR), TRANSLOCATION A	1	0	2	3	0.51783073
CPT	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	2	3	0.61653935
CPT	83921	ORGANIC ACID, SINGLE, QUANTITATIVE	3	0	0	3	0.82247299

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	3	0	0	3	0.9013966
CPT	85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	1	2	0	3	0.83151841
CPT	85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	1	2	0	3	0.83151841
CPT	86431	RHEUMATOID FACTOR; QUANTITATIVE	2	0	1	3	1.21878913
CPT	90999	UNLISTED DIALYSIS PROCEDURE, IN HOSPITALIZED OR OUT PATIENT	3	0	0	3	0.89157022
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 DOES INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) DEVICE	2	0	1	3	0.92889275
CPT	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	2	0	1	3	0.30436943
CPT	95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	3	0	0	3	0.22717978
CPT	96375	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/ DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	1	3	0.92889275
CPT	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.65786265
CPT	97014	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED).	3	0	0	3	0.4262037
CPT	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	2	0	1	3	0.70002715
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.	2	0	1	3	0.9841861
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	0	0	3	3	2.87832948
HCPCS	C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR (FOR FACILITY CLAIMS ONLY)	3	0	0	3	0.40725309
HCPCS	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	2	0	1	3	0.67109182
HCPCS	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	0	1	2	3	1.23768971
HCPCS	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	1	2	0	3	0.5954591

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HPCPS	E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	1	1	1	3	0.3523804
HPCPS	E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	2	1	0	3	0.60162037
HPCPS	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	0	1	2	3	0.9099267
HPCPS	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT, NON-CLINICAL MODEL	0	1	2	3	0.9099267
HPCPS	J0135	INJECTION, ADALIMUMAB, 20 MG	2	0	1	3	1.37020988
HPCPS	J0185	INJECTION, APREPITANT, 1 MG	3	0	0	3	0.29486497
HPCPS	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	3	0	0	3	0.13957715
HPCPS	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	3	0	0	3	0.14237654
HPCPS	J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	1	0	2	3	1.66746142
HPCPS	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	2	0	1	3	0.07259259
HPCPS	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	2	0	1	3	2.21941744
HPCPS	J1756	INJECTION, IRON SUCROSE, 1 MG	3	0	0	3	0.93881944
HPCPS	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	3	0	0	3	2.35970679
HPCPS	J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	3	0	0	3	0.49633488
HPCPS	J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	3	0	0	3	0.98341201
HPCPS	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	3	0	0	3	3.77821147
HPCPS	J8522	CAPECITABINE, ORAL, 50 MG	3	0	0	3	0.929375
HPCPS	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	3	0	0	3	0.59032199
HPCPS	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROMEDICS), 5 MG	3	0	0	3	0.66146991
HPCPS	J9173	INJECTION, DURVALUMAB, 10 MG	3	0	0	3	0.30761188
HPCPS	J9181	INJECTION, ETOPOSIDE, 10 MG	3	0	0	3	0.41176103
HPCPS	J9228	INJECTION, IPILIMUMAB, 1 MG	3	0	0	3	0.35183574
HPCPS	J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	3	0	0	3	0.71469136
HPCPS	J9334	INJECTION, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	2	0	1	3	0.65405864
HPCPS	K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	3	0	0	3	0.19866127

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	2	0	1	3	0.59301312
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	3	0	3	0.84721065
HCPCS	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	3	0	0	3	0.40725309
HCPCS	Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	3	0	0	3	0.45478781
HCPCS	S0160	DEXTROAMPHETAMINE SULFATE, 5 MG	1	0	2	3	0.76260031
CPT	0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (I.E., TEMS)	2	0	0	2	0.67054192
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	0.04097222
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	0.04097222
CPT	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	2	0	0	2	0.89656829
CPT	19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE	2	0	0	2	0.46174769
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	2	0	0	2	1.06112847
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)	2	0	0	2	0.49661458
CPT	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	2	0	0	2	0.8598206
CPT	22899	UNLISTED PROCEDURE, SPINE	1	0	1	2	0.58253472
CPT	30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	2	0	0	2	0.15218171

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	2	0	0	2	0.50035301
CPT	30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	2	0	0	2	0.57181713
CPT	31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	2	0	0	2	0.03237847
CPT	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	2	0	0	2	0.40388889
CPT	31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL ALVEOLAR LAVAGE	2	0	0	2	0.45114319
CPT	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED, IMAGE-GUIDED NAVIGATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE(S))	2	0	0	2	0.09585648
CPT	38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	2	0	0	2	0.46174769
CPT	38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	2	0	0	2	0.46174769
CPT	43239	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	2	0	0	2	0.45114319
CPT	43281	LAPAROSCOPIC, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	2	0	0	2	0.53785301
CPT	43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	2	0	0	2	0.18824074
CPT	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	2	0	0	2	0.17878472
CPT	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	2	0	0	2	0.43687215
CPT	47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA, PORTAL VEIN HEPATIC ARTERY, AND COMMON BILE DUCT FOR IMPLANTATION; WITHOUT TRISEGMENT OR LOBE SPLIT	2	0	0	2	0.19060764
CPT	57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED;	2	0	0	2	0.37684024
CPT	58554	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	2	0	0	2	0.07717014
CPT	58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION, ELECTROSURGICAL ABLATION, THERMOABLATION)	2	0	0	2	0.48771412
CPT	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	2	0	0	2	0.46428241
CPT	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	2	0	0	2	0.19984375
CPT	58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM NONOBSTETRICAL	2	0	0	2	0.06113426
CPT	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.1704456
CPT	62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	2	0	0	2	0.1704456

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	2	0	0	2	0.1704456
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	0	0	2	0.43321181
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	0.50313079
CPT	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	2	0	0	2	0.1704456
CPT	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	2	0	0	2	0.08706597
CPT	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)	2	0	0	2	0.08706597
CPT	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	2	0	0	2	0.40946759
CPT	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.08932292
CPT	77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	2	0	0	2	0.42133289
CPT	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	2	0	0	2	0.08932292
CPT	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	2	0	0	2	0.08932292
CPT	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	2	0	0	2	0.07625579
CPT	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	2	0	0	2	0.07625579
CPT	77525	PROTON TREATMENT DELIVERY; COMPLEX	2	0	0	2	0.07625579
CPT	77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE, WHEN PERFORMED	2	0	0	2	0.101681
CPT	78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)	2	0	0	2	0.45411645
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)	1	0	1	2	0.62972252
CPT	79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	2	0	0	2	0.42200231
CPT	81210	BRAF (B-RAF PROTO-ONCOGENE, SERINE/THREONINE KINASE) (EG, COLON CANCER), GENE ANALYSIS, V600E VARIANT(S)	1	0	1	2	0.52672454
CPT	81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A GREATER THAN T)	0	1	1	2	0.75649465
CPT	81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (EG, EXONS 12 AND 13)	1	0	1	2	0.18403356

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	81439	HEREDITARY CARDIOMYOPATHY (EG, HYPERTROPHIC CARDIOMYOPATHY, DILATED CARDIOMYOPATHY, ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY) GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 GENES, INCLUDING DSG2, MYBPC3, MYH7, PKP2, AND TTN	0	0	2	2	0.63269097
CPT	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI JEWISH-ASSOCIATED DISORDERS [EG, BLOOM SYNDROME, CANAVAN DISEASE, FANCONI ANEMIA TYPE C, MUCOLIPIDOSIS TYPE VI, GAUCHER DISEASE, TAY-SACHS DISEASE], BETA HEMOGLOBINOPATHIES, PHENYLKETONURIA, GALACTOSEMIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES (EG, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	0	0	2	2	1.61615162
CPT	81518	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY	2	0	0	2	1.73101273
CPT	82668	ERYTHROPOIETIN	2	0	0	2	0.83264468
CPT	83010	HAPTOGLOBIN; QUANTITATIVE	2	0	0	2	0.83264468
CPT	84155	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD	2	0	0	2	0.83264468
CPT	84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM	2	0	0	2	0.83264468
CPT	84238	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	2	0	0	2	0.83264468
CPT	84439	THYROXINE; FREE	2	0	0	2	0.83264468
CPT	84443	THYROID STIMULATING HORMONE (TSH)	2	0	0	2	0.83264468
CPT	85045	BLOOD COUNT; RETICULOCYTE, AUTOMATED	2	0	0	2	0.83264468
CPT	85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III ANTIGEN ASSAY	1	1	0	2	0.81496859
CPT	85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	2	0	0	2	0.83264468
CPT	85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	1	1	0	2	0.55030424
CPT	86038	ANTINUCLEAR ANTIBODIES (ANA);	2	0	0	2	0.83264468
CPT	86039	ANTINUCLEAR ANTIBODIES (AMA); TITER	2	0	0	2	0.83264468
CPT	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	0	2	0	2	0.89377646
CPT	86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	2	0	0	2	0.83264468
CPT	86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM, RNP, SC170, J01), EACH ANTIBODY	2	0	0	2	0.83264468
CPT	86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBODY	2	0	0	2	0.83264468
CPT	86334	IMMUNOFIXATION ELECTROPHORESIS; SERUM	2	0	0	2	0.83264468
CPT	86701	ANTIBODY; HIV-1	2	0	0	2	0.83264468
CPT	86702	ANTIBODY; HIV-2	2	0	0	2	0.83264468

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	2	0	0	2	0.83264468
CPT	86803	HEPATITIS C ANTIBODY;	2	0	0	2	0.83264468
CPT	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	2	0	0	2	0.83264468
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)	2	0	0	2	0.83264468
CPT	87389	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; HIV-1 ANTIGEN(S), WITH HIV-1 AND HIV-2 ANTIBODIES, SINGLE RESULT	2	0	0	2	0.83264468
CPT	87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, QUANTIFICATION, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED	2	0	0	2	0.83264468
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 THYROID GLAND 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	2	0	0	2	0.84232639
CPT	90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	2	0	0	2	1.34170718
CPT	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY	2	0	0	2	0.45728588

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; LIMITED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	1	0	2	0.07804398
CPT	95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING 1 OR MORE OF THE FOLLOWING: QUANTITATIVE SUDOMOTOR AXON REFLEX TEST (QSART), SILASTIC SWEAT IMPRINT, THERMOREGULATORY SWEAT TEST, AND CHANGES IN SYMPATHETIC SKIN POTENTIAL	1	0	1	2	0.20217442
CPT	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	2	0	0	2	0.91563079
CPT	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.91563079
CPT	96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE	2	0	0	2	0.82678819
CPT	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	2	0	0	2	0.18448495
CPT	97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	1	1	0	2	0.91112847
CPT	97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	1	1	0	2	0.55148727
CPT	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	2	0	0	2	1.46916364
CPT	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 40 MINUTES MUST BE MET OR EXCEEDED.	2	0	0	2	0.87211806
HCPCS	A4215	NEEDLE, STERILE, ANY SIZE, EACH	0	0	2	2	0.99114583
HCPCS	A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	0	2	0	2	0.86490162
HCPCS	A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	2	0	0	2	0.16085429
HCPCS	A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	2	0	0	2	0.01634259
HCPCS	A9513	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MILLICURIE	2	0	0	2	0.0708044
HCPCS	A9596	GALLIUM GA-68 GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	2	0	0	2	1.52414931
HCPCS	C1889	IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED	1	0	1	2	1.51922152
HCPCS	E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED D GRADIENT PRESSURE	1	0	1	2	0.47320023
HCPCS	E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	1	1	0	2	0.48722801
HCPCS	E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	1	1	0	2	0.47057292

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORELEADS, FOR MULTIPLE NERVE STIMULATION	0	2	0	2	0.86490162
HCPCS	E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	0	2	0	2	0.86490162
HCPCS	E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	0	2	0	2	0.86490162
HCPCS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	2	0	0	2	0.18822338
HCPCS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	2	0	0	2	0.18822338
HCPCS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	1	1	0	2	1.46853377
HCPCS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	2	0	0	2	0.18822338
HCPCS	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	1	0	1	2	0.13736111
HCPCS	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	2	0	0	2	0.5023206
HCPCS	G0330	FACILITY SERVICES FOR DENTAL REHABILITATION PROCEDURE(S) PERFORMED ON A PATIENT WHO REQUIRES MONITORED ANESTHESIA (E.G., GENERAL, INTRAVENOUS SEDATION (MONITORED ANESTHESIA CARE) AND USE OF AN OPERATING ROOM	2	0	0	2	0.77420139
HCPCS	J0178	INJECTION, AFLIBERCEPT, 1 MG	2	0	0	2	0.51536862
HCPCS	J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	2	0	0	2	0.11631944
HCPCS	J1306	INJECTION, INCLISIRAN, 1 MG	1	0	1	2	2.69537271
HCPCS	J1434	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	2	0	0	2	0.16010682
HCPCS	J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG	2	0	0	2	0.47466435
HCPCS	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	2	0	0	2	0.25147569
HCPCS	J2182	INJECTION, MEPOLIZUMAB, 1 MG	2	0	0	2	1.07264468
HCPCS	J2323	INJECTION, NATALIZUMAB, 1 MG	2	0	0	2	1.47497014
HCPCS	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	2	0	0	2	0.20533565
HCPCS	J2468	EQUIVALENT TO J2469, 25 MICROGRAMSINJECTION, PALONOSETRON HYDROCHLORIDE (POSFREA), 25 MICROGRAMS	2	0	0	2	0.65585878
HCPCS	J3110	INJECTION, TERIPARATIDE, 10 MCG	2	0	0	2	0.65726273
HCPCS	J3121	INJECTION, TESTOSTERONE ENANTHATE, 1MG	1	0	1	2	1.14097222
HCPCS	J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	2	0	0	2	2.00353047
HCPCS	J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	1	0	1	2	0.49062438
HCPCS	J3304	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	2	0	0	2	1.33055556

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	2	0	0	2	1.25982639
HCPCS	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	2	0	0	2	0.15651609
HCPCS	J8597	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	2	0	0	2	0.61248264
HCPCS	J8700	TEMOZOLMIDE, ORAL, 5 MG	2	0	0	2	0.03947338
HCPCS	J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1 MG	2	0	0	2	1.26876157
HCPCS	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	2	0	0	2	0.65445602
HCPCS	J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	2	0	0	2	0.27052349
HCPCS	J9041	INJECTION, BORTEZOMIB, 0.1 MG	2	0	0	2	0.17853009
HCPCS	J9072	INJECTION, CYCLOPHOSPHAMIDE (AVYXA), 5 MG	2	0	0	2	1.43189815
HCPCS	J9073	INJECTION, CYCLOPHOSPHAMIDE (DR. REDDY'S), 5 MG	2	0	0	2	1.45105324
HCPCS	J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG	2	0	0	2	0.54377315
HCPCS	J9171	INJECTION, DOCETAXEL, 1 MG	2	0	0	2	0.24672038
HCPCS	J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	2	0	0	2	1.37420718
HCPCS	J9208	INJECTION, IFOSFAMIDE, 1 GM	2	0	0	2	0.5813772
HCPCS	J9209	MESNA, 200 MG	2	0	0	2	0.8790566
HCPCS	J9267	INJECTION, PACLITAXEL, 1 MG	2	0	0	2	0.44755787
HCPCS	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG.	2	0	0	2	0.59445023
HCPCS	J9395	INJECTION, FULVESTRANT, 25 MG	2	0	0	2	0.38711806
HCPCS	J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	1	0	1	2	0.51251157
HCPCS	L0180	CERVICAL, MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	0	2	0	2	0.86490162
HCPCS	L0488	TLISO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	2	0	0	2	0.89145606
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	0.57469907
HCPCS	L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	2	0	0	2	0.09850052

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY	2	0	0	2	0.52958333
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	2	0	0	2	0.92795987
HCPCS	Q5105	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR ESRD ON DIALYSIS), 100 UNITS	1	0	1	2	0.04385995
HCPCS	Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	2	0	0	2	0.96592593
HCPCS	Q5112	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	2	0	0	2	0.56291667
HCPCS	Q5126	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	2	0	0	2	0.44061504
HCPCS	Q9998	INJECTION, USTEKINUMAB-AEKN (SELARSDI), 1 MG	2	0	0	2	3.95227431
HCPCS	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	1	0	1	2	0.7020544
HCPCS	S0028	INJECTION, FAMOTIDINE, 20 MG	2	0	0	2	0.8319213
CPT	00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES (INCLUDING BRONCHOSCOPY); NOT OTHERWISE SPECIFIED	1	0	0	1	0.90260417
CPT	00811	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED DISTAL TO DUODENUM; NOT OTHERWISE SPECIFIED	1	0	0	1	0.90193287
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	1.03553241
CPT	0402T	COLLAGEN CROSS-LINKING OF CORNEA, INCLUDING REMOVAL OF THE CORNEAL EPITHELIUM, WHEN PERFORMED, AND INTRAOPERATIVE PACHYMETRY, WHEN PERFORMED	1	0	0	1	0.78556713
CPT	0449U	CARRIER SCREENING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, SPINAL MUSCULAR ATROPHY, BETA HEMOGLOBINOPATHIES [INCLUDING SICKLE CELL DISEASE], ALPHA THALASSEMIA), REGARDLESS OF RACE OR SELF-IDENTIFIED ANCESTRY, GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF 5 GENES (CFTR, SMN1, HBB, HBA1, HBA2)	1	0	0	1	0.24081019
CPT	0503F	POSTPARTUM CARE VISIT (PRENATAL)	1	0	0	1	1.02094907
CPT	0619T	CYSTOURETHROSCOPY WITH TRANSURETHRAL ANTERIOR PROSTATE COMMISSUROTOMY AND DRUG DELIVERY, INCLUDING TRANSRECTAL ULTRASOUND AND FLUOROSCOPY, WHEN PERFORMED	1	0	0	1	0.03611111
CPT	0623T	AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; DATA PREPARATION AND TRANSMISSION, COMPUTERIZED ANALYSIS OF DATA, WITH REVIEW OF COMPUTERIZED ANALYSIS OUTPUT TO RECONCILE DISCORDANT DATA, INTERPRETATION AND REPORT	1	0	0	1	0.20086806
CPT	10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE	1	0	0	1	0.90679398

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETS BENEATH THE SKIN)	1	0	0	1	0.93818287
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	1.23354167
CPT	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	1	0	0	1	0.81884259
CPT	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA	1	0	0	1	0.26365741
CPT	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR PEDICLE (I.E, BUCCINATORS, GENIOGLOSSUS, TEMPORALIS, MASSETER, STERNOCLEIDOMASTIOD, LEVATOR SCAPULAE)	1	0	0	1	0.08731481
CPT	15750	FLAP; NEUROVASCULAR PEDICLE	1	0	0	1	1.23354167
CPT	15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	1	0	0	1	0.08731481
CPT	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	1	0	0	1	0.08731481
CPT	15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY; ARM	1	0	0	1	0.90679398
CPT	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.90679398
CPT	17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	1	0	0	1	0.81203704
CPT	19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE	1	0	0	1	0.10961806
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	0.10961806
CPT	19300	MASTECTOMY FOR GYNECOMASTIA	0	0	1	1	0.90064815
CPT	19316	MASTOPEXY	1	0	0	1	0.24849537
CPT	19325	BREAST AUGMENTATION WITH IMPLANT	1	0	0	1	3.87341435
CPT	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	1	0	0	1	0.02655093
CPT	19350	NIPPLE/AREOLA RECONSTRUCTION	1	0	0	1	0.24849537
CPT	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	1	0	0	1	0.02655093

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	19499	UNLISTED PROCEDURE, BREAST	1	0	0	1	0.12769676
CPT	20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	0	0	1	1	0.70553241
CPT	20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES	0	0	1	1	0.70553241
CPT	20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL	1	0	0	1	0.08009634
CPT	20912	CARTILAGE GRAFT; NASAL SEPTUM	1	0	0	1	0.25155093
CPT	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	1	0	0	1	0.03178241
CPT	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	1	0	0	1	0.75976852
CPT	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	0	0	1	1	0.39736111
CPT	21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	0	0	1	1	1.0317702
CPT	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL	0	0	1	1	1.0317702
CPT	21685	HYOID MYOTOMY AND SUSPENSION	1	0	0	1	0.69796296
CPT	21899	UNLISTED PROCEDURE, NECK OR THORAX	1	0	0	1	0.97424769
CPT	22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	1	0	0	1	0.28604167
CPT	22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; LUMBAR	1	0	0	1	0.1534838
CPT	22220	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	1	0	0	1	0.77289352
CPT	22226	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.77289352
CPT	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; LUMBAR	1	0	0	1	0.30839367
CPT	22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	1	0	0	1	1.01457176
CPT	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY 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	0.77289352

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	1	0	0	1	0.0234375
CPT	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	1	0	0	1	0.94094907
CPT	22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.94094907
CPT	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.94094907
CPT	22849	REINSERTION OF SPINAL FIXATION DEVICE	1	0	0	1	0.28604167
CPT	23929	UNLISTED PROCEDURE, SHOULDER	1	0	0	1	0.32700231
CPT	27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	1	0	0	1	0.16792824
CPT	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1	0	0	1	0.2366088
CPT	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	1	0	0	1	0.2366088
CPT	27327	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM	1	0	0	1	0.144375
CPT	27328	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	1	0	0	1	0.144375
CPT	27329	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF THIGH OR KNEE AREA; LESS THAN 5 CM	1	0	0	1	0.144375
CPT	27337	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATER	1	0	0	1	0.144375
CPT	27339	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	1	0	0	1	0.144375
CPT	27364	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF THIGH OR KNEE AREA; 5 CM OR GREATER	1	0	0	1	0.144375
CPT	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	1	0	0	1	0.08024306
CPT	27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU VALGUS (KNOCK-KNEE)), UNILATERAL; AFTER EPIPHYSEAL CLOSURE	1	0	0	1	0.08024306
CPT	28292	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH RESECTION OF PROXIMAL PHALANX BASE, WHEN PERFORMED, ANY METHOD	1	0	0	1	0.03759259
CPT	28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; OTHER THAN FIRST METATARSAL, EACH	1	0	0	1	0.03759259
CPT	28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	1	0	0	1	0.03759259

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (E.G., MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT[S])	0	0	1	1	0.28560185
CPT	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROC.)	1	0	0	1	0.08024306
CPT	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	1	0	0	1	0.11987269
CPT	29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	1	0	0	1	0.11987269
CPT	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	1	0	0	1	0.8269213
CPT	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	1	0	0	1	0.8269213
CPT	30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	1	0	0	1	0.17683832
CPT	30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	1	0	0	1	0.10381944
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	0.17202546
CPT	31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC EXCEPT NEWBORN	1	0	0	1	0.89512731
CPT	31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELESCOPE	1	0	0	1	0.3528588
CPT	31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OF NON-NEOPLASTIC LESION(S) OF VOCAL CORD; RECONSTRUCTION WITH LOCAL TISSUE FLAP(S)	1	0	0	1	0.69796296
CPT	31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	1	0	0	1	0.33354167
CPT	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.97424769
CPT	31630	BRONCHOSCOPY, RIGID OR FLEXIBLE; WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRACHEAL/BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	1	0	0	1	0.3528588
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	0	1	0	1	0.97790509
CPT	31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	1	0	0	1	0.13189815
CPT	33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	1	0	0	1	0.09179598
CPT	35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	1	0	0	1	0.79770833

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.10837963
CPT	36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.10837963
CPT	36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.10837963
CPT	36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)	1	0	0	1	0.10837963
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)	1	0	0	1	0.80575231
CPT	36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	1	0	0	1	2.74040509
CPT	36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	1	0	0	1	0.27068287
CPT	37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; ARTERIAL, OTHER THAN HEMORRHAGE OR TUMOR (EG, CONGENITAL OR ACQUIRED ARTERIAL MALFORMATIONS, ARTERIOVENOUS MALFORMATIONS, ARTERIOVENOUS FISTULAS, ANEURYSMS, PSEUDOANEURYSMS)	1	0	0	1	0.10837963
CPT	37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; FOR TUMORS, ORGAN ISCHEMIA, OR INFARCTION	1	0	0	1	0.10837963
CPT	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	1	0	0	1	0.13189815
CPT	37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	1	0	0	1	0.90079861
CPT	38225	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; HARVESTING OFBLOOD-DRIVED T LYMPHOCYTES FOR DEVELOPMENT OF GENETICALLY MODIFIEDAUTOLOGOUS CAR-T CELLS, PER DAY	1	0	0	1	2.74040509
CPT	38226	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; PREPARATION OFBLOOD-DERIVED T LYMPHOCYTES FOR TRANSPORTATION. (EG. CYOPRESERVATION,STORAGE)	1	0	0	1	2.74040509
CPT	38227	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; RECEIPT AND PREPARATIONOF CAR-T CELLS FOR ADMINISTRATION.	1	0	0	1	2.74040509
CPT	38228	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; CAR-T CELLADMINISTRATION, AUTOLOGOUS	1	0	0	1	2.74040509
CPT	38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR	1	0	0	1	1.02017361

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC	1	0	0	1	0.043125
CPT	38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (AORTIC AND/OR SPLENIC)	1	0	0	1	0.043125
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	0.043125
CPT	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	1	0	0	1	0.13189815
CPT	41870	PERIODONTAL MUCOSAL GRAFTING	0	0	1	1	1.0317702
CPT	42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	1	0	0	1	0.33613426
CPT	42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	1	0	0	1	0.24851852
CPT	43030	CRICOPHARYNGEAL MYOTOMY	1	0	0	1	0.13189815
CPT	43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	1	0	0	1	0.13189815
CPT	43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL APPROACH	1	0	0	1	0.13189815
CPT	43257	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DELIVERY OF THERMAL ENERGY TO THE MUSCLE OF LOWER ESOPHAGEAL SPHINCTER AND/OR GASTRIC CARDIA, FOR TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE	0	0	1	1	1.06545413
CPT	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)	1	0	0	1	1.06530093
CPT	43282	LAPAROSCOPIC, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH IMPLANTATION OF MESH	1	0	0	1	0.05076389
CPT	43499	UNLISTED PROCEDURE, ESOPHAGUS	1	0	0	1	0.33354167
CPT	43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	0	0	1	1	0.07748139
CPT	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	1	0	0	1	0.04940972
CPT	43999	UNLISTED PROCEDURE, STOMACH	1	0	0	1	0.1265162
CPT	44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	1	0	0	1	0.04068287
CPT	44799	UNLISTED PROCEDURE, INTESTINE	1	0	0	1	0.1265162
CPT	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.21263889
CPT	45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	1	0	0	1	0.90193287
CPT	45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC	1	0	0	1	1.02211806
CPT	46220	EXCISION OF SINGLE EXTERNAL PAPILLAE OR TAGS, ANUS.	1	0	0	1	0.02229167

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	46230	EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS.	1	0	0	1	0.02229167
CPT	47146	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	1	0	0	1	0.2228125
CPT	47147	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH	1	0	0	1	0.2228125
CPT	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY (S) (SEPARATE PROCEDURE)	1	0	0	1	0.04068287
CPT	49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	1	0	0	1	0.95479167
CPT	49591	REPAIR OF ANTERIOR ABDOMINAL HERNIAS IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN ANY APPROACH IE OPEN LAPAROSCOPIC ROBOTIC INITIAL INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECTS LESS THAN 3 CM REDUCIBLE	1	0	0	1	0.23134259
CPT	49593	REPAIR OF ANTERIOR ABDOMINAL HERNIAS IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN ANY APPROACH IE OPEN LAPAROSCOPIC ROBOTIC INITIAL INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECTS 3 CM TO 10 CM REDUCIBLE	1	0	0	1	0.23134259
CPT	49594	REPAIR OF ANTERIOR ABDOMINAL HERNIAS IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN ANY APPROACH IE OPEN LAPAROSCOPIC ROBOTIC INITIAL INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECTS 3 CM TO 10 CM INCARCERATED OR STRANGULATED	1	0	0	1	0.06107639
CPT	49595	REPAIR OF ANTERIOR ABDOMINAL HERNIAS IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN ANY APPROACH IE OPEN LAPAROSCOPIC ROBOTIC INITIAL INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECTS GREATER THAN 10 CM REDUCIBLE	1	0	0	1	0.23134259
CPT	49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	1	0	0	1	0.17414352
CPT	49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	1	0	0	1	0.23134259
CPT	49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	1	0	0	1	0.33354167
CPT	50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYEOLITHOTOMY, LITHOTRIPSY, STONE EXTRACTION, ANTEGRADE URETEROSCOPY, ANTEGRADE STENT PLACEMENT AND NEPHROSTOMY TUBE PLACEMENT, WHEN PERFORMED, INCLUDING IMAGING GUIDANCE; SIMPLE (EG, STONE[S] UP TO 2 CM IN SINGLE LOCATION OF KIDNEY OR RENAL PELVIS, NONBRANCHING STONES)	1	0	0	1	0.18837963
CPT	50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	1	0	0	1	0.0740162
CPT	51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	1	0	0	1	1.23354167
CPT	51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	1	0	0	1	0.13107515
CPT	51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	1	0	0	1	0.04850133
CPT	52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL	1	0	0	1	0.15479167

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	1	0	0	1	1.23354167
CPT	54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA;	1	0	0	1	1.23354167
CPT	54410	REMOVAL AND REPLACEMENT OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	1	0	0	1	0.55959491
CPT	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH	1	0	0	1	0.99798611
CPT	54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	1	0	0	1	0.55959491
CPT	55180	SCROTOPLASTY; COMPLICATED	1	0	0	1	1.23354167
CPT	55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY	1	0	0	1	1.08602319
CPT	57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)	1	0	0	1	0.10481481
CPT	57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	1	0	0	1	1.23354167
CPT	57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED; WITH ENTEROCELE REPAIR	1	0	0	1	0.12732639
CPT	57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	1	0	0	1	0.02229167
CPT	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	1	0	0	1	0.04850133
CPT	58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	1	0	0	1	0.04506944
CPT	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D AND C	1	0	0	1	0.76298611
CPT	58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE)	1	0	0	1	0.69556713
CPT	61500	CRANIECTOMY; FOR TUMOR OR OTHER BONE LESION SKULL	1	0	0	1	0.08731481
CPT	61501	CRANIECTOMY; FOR OSTEOMYELITIS	1	0	0	1	0.08731481
CPT	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	1	0	0	1	0.08731481
CPT	61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	1	0	0	1	0.25357639
CPT	61651	ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS, ARTERIAL, INCLUDING CATHETER PLACEMENT, DIAGNOSTIC ANGIOGRAPHY, AND IMAGING GUIDANCE; EACH ADDITIONAL VASCULAR TERRITORY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	1	0	1	0.97790509
CPT	61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL; CORTICAL	1	0	0	1	0.20197917

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DIAMETER	1	0	0	1	0.08731481
CPT	62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 CM DIAMETER	1	0	0	1	0.08731481
CPT	63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; THORACIC	1	0	0	1	0.94094907
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	0.94094907
CPT	63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	1	0	0	1	0.07222284
CPT	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	1	0	0	1	0.11460648
CPT	64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	0	0	1	1	0.08723664
CPT	64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	1	0	0	1	0.27025463
CPT	64590	INSERTION OR REPLACEMENT OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE GENERATOR OR RECEIVER	0	0	1	1	0.07748139
CPT	64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (E.G., FOR BLEPHAROSPASM, HEMIFACIAL SPASM)	1	0	0	1	0.13936343
CPT	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	0	0	1	1	0.82001157
CPT	64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	1	0	0	1	0.12732639
CPT	64647	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLE(S)	1	0	0	1	0.19510417
CPT	64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	1	0	0	1	0.15542824
CPT	65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; WITHOUT SUTURES	1	0	0	1	0.15890046
CPT	66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	1	0	0	1	0.23730324
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	0.14333694
CPT	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH	1	0	0	1	0.14333694

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	0.920625
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	0.920625
CPT	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	1	0	0	1	0.24834491
CPT	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	1	0	0	1	0.25490741
CPT	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	1	0	0	1	0.15533784
CPT	70491	COMPUTERIZED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	1	0	0	1	0.05271991
CPT	71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	1	0	0	1	0.1015625
CPT	72131	COMPUTERIZED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.81372685
CPT	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.08255787
CPT	73721	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	1	0	0	1	0.26508102
CPT	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	1	0	0	1	0.20052083
CPT	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.07783565
CPT	75580	NONINVASIVE ESTIMATE OF CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF THE DATA SET FROM A CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY, WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1	0	0	1	0.20086806
CPT	75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.10837963
CPT	75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.10837963
CPT	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	1	0	0	1	0.13482639
CPT	76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	1	0	0	1	0.08746528

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	0.98206019
CPT	76999	UNLISTED ULTRASOUND PROCEDURE (E.G., DIAGNOSTIC, INTERVENTIONAL)	1	0	0	1	0.88496528
CPT	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.15542824
CPT	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	1	0	0	1	0.05636574
CPT	77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.12349537
CPT	77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	1	0	0	1	0.1622338
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	0.09498236
CPT	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	1	0	0	1	0.12228009
CPT	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	1	0	0	1	0.76256944
CPT	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	1	0	0	1	0.08009634
CPT	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	1	0	0	1	0.08009634
CPT	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	1	0	0	1	0.76256944
CPT	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	1	0	0	1	0.12228009
CPT	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	1	0	0	1	0.05636574
CPT	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	1	0	0	1	0.76256944
CPT	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	1	0	0	1	0.12228009
CPT	77770	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; 1 CHANNEL	1	0	0	1	0.35828704

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	77771	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; 2-12 CHANNELS	1	0	0	1	0.27789352
CPT	78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	1	0	0	1	0.11822917
CPT	78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION	0	0	1	1	1.01462963
CPT	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	1	0	0	1	1.00277778
CPT	78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	1	0	0	1	0.13471065
CPT	78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) TRANSMISSION SCAN FOR ANATOMICAL REVIEW, LOCALIZATION AND DETERMINATION/DETECTION OF PATHOLOGY, SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS) OR ACQUISITION, SINGLE DAY IMAGING	1	0	0	1	0.10837963
CPT	79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	1	0	0	1	0.10837963
CPT	80299	QUANTITATION OF THERAPEUTIC DRUG, NOT ELSEWHERE SPECIFIED	1	0	0	1	0.14311343
CPT	80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY ANALYZERS (EG, UTILIZING IMMUNOASSAY [EG, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), CHROMATOGRAPHY (EG, GC, HPLC), AND MASS SPECTROMETRY EITHER WITH OR WITHOUT CHROMATOGRAPHY, (EG, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE	1	0	0	1	0.1153588
CPT	80364	OPIOIDS AND OPIATE ANALOGS; 5 OR MORE	1	0	0	1	0.1153588
CPT	81002	URINALYSIS, BY DIPSTICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITHOUT MICROSCOPY	1	0	0	1	0.94858796
CPT	81173	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	1	1	0.25612269
CPT	81175	ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) (EG, MYELODYSPLASTIC SYNDROME, MYELOPROLIFERATIVE NEOPLASMS, CHRONIC MYELOMONOCYTIC LEUKEMIA), GENE ANALYSIS; FULL GENE SEQUENCE	0	0	1	1	0.25612269
CPT	81194	NTRK (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	1	0	0	1	0.79732639
CPT	81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, E285A, Y231X)	0	1	0	1	1.25686661

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	0	0	1	1	0.25612269
CPT	81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT	0	1	0	1	1.25686661
CPT	81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	1	1	0.13935185
CPT	81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *8, *17)	0	0	1	1	0.99530093
CPT	81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	0	0	1	1	0.99530093
CPT	81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *5, *6)	0	0	1	1	0.99530093
CPT	81230	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *22)	0	0	1	1	0.99530093
CPT	81231	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *7)	0	0	1	1	0.99530093
CPT	81232	DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (EG, 5-FLUOROURACIL/5-FU AND CAPECITABINE DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2A, *4, *5, *6)	0	0	1	1	0.99530093
CPT	81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR) (EG, NON-SMALL CELL LUNG CANCER) GENE ANALYSIS, COMMON VARIANTS (EG, EXON 19 LREA DELETION, L858R, T790M, G719A, G719S, L861Q)	0	0	1	1	0.25612269
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	0	0	1	1	0.26390046
CPT	81245	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS; INTERNAL TANDEM DUPLICATION (ITD) VARIANTS (IE, EXONS 14, 15)	0	0	1	1	0.25612269
CPT	81251	GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, N370S, 84GG, L444P, IVS2+1G GREATER THAN A)	0	1	0	1	1.25686661
CPT	81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, 1278INSTATC, 1421+1G GREATER THAN C, G269S)	0	1	0	1	1.25686661
CPT	81257	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS, COMMON DELETIONS OR VARIANT (EG, SOUTHEAST ASIAN, THAI, FILIPINO, MEDITERRANEAN, ALPHA3.7, ALPHA4.2, ALPHA20.5, AND CONSTANT SPRING)	0	1	0	1	1.25686661
CPT	81260	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL DYSAUTONOMIA) GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T GREATER THAN C, R696P)	0	1	0	1	1.25686661
CPT	81269	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; DUPLICATION/ DELETION VARIANTS	0	1	0	1	0.24945602

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	81272	KIT(V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG) EG, GASTROINTESTINAL STROMAL TUMOR [GIST], ACUTE MYELOID LEUKEMIA, MELANOMA0 GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, EXONS 8, 11, 13, 17, 18)	0	0	1	1	0.25612269
CPT	81275	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; VARIANTS IN EXON 2 (EG, CODONS 12 AND 13)	0	0	1	1	0.25612269
CPT	81276	KRAS (KIRSTEN RAT SAROMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; ADDITIONAL VARIANT(S) (EG CODON 61, CODON 146)	0	0	1	1	0.25612269
CPT	81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS (EG, IVS3-2A GREATER THAN G, DEL6.4KB)	0	1	0	1	1.25686661
CPT	81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)	0	0	1	1	0.99530093
CPT	81309	PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BIPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA) (EG, COLORECTAL AND BREAST CANCER) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, EXONS 7, 9, 20)	0	0	1	1	0.25612269
CPT	81311	NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS] ONCOGENE HOMOLOG) (EG, COLORECTAL CARCINOMA), GENE ANALYSIS, VARIANTS IN EXON 2 (EG, CODONS 12 AND 13) AND EXON 3 (EG, CODON 61)	0	0	1	1	0.25612269
CPT	81314	PDGFRA (PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE))EG, GASTROINTESTINAL STROMAL TUMOR [GIST]), GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, EXONS 12, 18)	0	0	1	1	0.25612269
CPT	81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	1	1	0.25612269
CPT	81328	SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVERSE DRUG REACTION), GENE ANALYSIS, COMMON VARIANT(S) (EG, *5)	0	0	1	1	0.99530093
CPT	81330	SMPD1(SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS (EG, R496L, L302P, FSP330)	0	1	0	1	1.25686661
CPT	81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, -1639G LESS THAN A, C.173=1000C GREATER THAN T)	0	0	1	1	0.99530093
CPT	81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)	0	1	0	1	1.25686661
CPT	81410	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, AND MYLK	1	0	0	1	0.11816049
CPT	81418	DRUG METABOLISM EG PHARMACOGENOMICS GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE TESTING OF AT LEAST 6 GENES INCLUDING CYP2C19 CYP2D6 AND CYP2D6 DUPLICATION DELETION ANALYSIS	0	0	1	1	0.23032407

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	3.1130441
CPT	81521	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 465 HOUSEKEEPING GENES, UTILIZING FRESH FROZEN OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK OF DISTANT METASTASIS	1	0	0	1	0.12517361
CPT	81539	ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN KALLIKREIN-2 [HK2]), UTILIZING PLASMA OR SERUM, PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE	0	0	1	1	2.74694444
CPT	81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE	0	0	1	1	0.15402778
CPT	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	1	0	0	1	0.77640046
CPT	83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (EG, A2, S, C, AND/OR F)	0	1	0	1	0.24945602
CPT	83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (EG, A2, S, C, AND/OR F)	0	1	0	1	0.24945602
CPT	83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	0	0	1	1	1.99107803
CPT	83090	HOMOCYSTINE HOMOCYSTEINE	0	0	1	1	0.91880039
CPT	83520	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN; QUANTITATIVE, NOT OTHERWISE SPECIFIED	1	0	0	1	0.14311343
CPT	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	0	0	1	1	0.33142475
CPT	83735	MAGNESIUM	1	0	0	1	0.94858796
CPT	84100	PHOSPHORUS INORGANIC (PHOSPHATE);	1	0	0	1	0.94858796
CPT	84466	TRANSFERRIN	1	0	0	1	0.11194444
CPT	85014	BLOOD COUNT; HEMATOCRIT (HCT)	0	1	0	1	0.24945602
CPT	85018	BLOOD COUNT; HEMOGLOBIN (HGB)	0	1	0	1	0.24945602
CPT	85041	BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	0	1	0	1	0.24945602
CPT	85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	1	0	0	1	0.17767361
CPT	85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	1	0	0	1	0.17767361
CPT	85247	CLOTTING; FACTOR VII, VON WILLEBRAND'S FACTOR MULTIMETRIC ANALYSIS	1	0	0	1	0.17767361
CPT	85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C ANTIGEN	0	1	0	1	0.92293487
CPT	85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	0	1	0	1	0.92293487
CPT	85520	HEPARIN ASSAY	0	1	0	1	0.92293487

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	85525	HEPARIN NEUTRALIZATION	0	1	0	1	0.92293487
CPT	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	0	1	0	1	0.92293487
CPT	85610	PROTHROMBIN TIME;	0	1	0	1	0.92293487
CPT	85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	0	1	0	1	0.92293487
CPT	85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	0	0	1	1	1.99107803
CPT	85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD	0	1	0	1	0.24945602
CPT	85670	THROMBIN TIME; PLASMA	0	1	0	1	0.92293487
CPT	86140	C-REACTIVE PROTEIN;	0	0	1	1	1.99107803
CPT	86146	BETA 2 GLYCOPROTEIN 1 ANTIBODY, EACH	0	1	0	1	0.92293487
CPT	86316	IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4, 549), EACH	1	0	0	1	0.80782235
CPT	87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	1	0	0	1	0.94498529
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	0	0	1	1	0.92485686
CPT	88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION	1	0	0	1	0.72363426
CPT	88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG, SACCOMANNO TECHNIQUE)	1	0	0	1	0.72363426
CPT	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION (EG, LIQUID BASED SLIDE PREPARATION METHOD), EXCEPT CERVICAL OR VAGINAL	1	0	0	1	0.72363426
CPT	88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	1	0	0	1	0.72363426
CPT	88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	1	0	0	1	0.72363426
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)	1	0	0	1	0.72363426
CPT	88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	1	0	0	1	0.72363426
CPT	88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	1	0	0	1	0.72363426
CPT	88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	1	0	0	1	0.72363426
CPT	88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE	1	0	0	1	0.21670139
CPT	88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	1	0	0	1	0.21670139
CPT	88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	1	0	0	1	0.16730324

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	88356	MORPHOMETRIC ANALYSIS; NERVE	1	0	0	1	0.96101852
CPT	88361	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/NEU, ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR), QUANTITATIVE OR SEMIQUANTITATIVE, PER SPECIMEN, EACH SINGLE ANTIBODY STAIN PROCEDURE; USING COMPUTER-ASSISTED TECHNOLOGY	1	0	0	1	0.79732639
CPT	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), USING COMPUTER-ASSISTED TECHNOLOGY, PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCEDURE	1	0	0	1	0.79732639
CPT	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), MANUAL, PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCEDURE	1	0	0	1	0.79732639
CPT	89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EXCEPT BLOOD; WITH DIFFERENTIAL COUNT	1	0	0	1	0.72363426
CPT	89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EXCEPT BLOOD; WITH DIFFERENTIAL COUNT	1	0	0	1	0.72363426
CPT	90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM AMOBARBITAL (AMYTAL) INTERVIEW)	1	0	0	1	0.78813657
CPT	90901	BIOFEEDBACK TRAINING BY ANY MODALITY	0	0	1	1	0.10077546
CPT	90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1	0	0	1	0.88253472
CPT	90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION	1	0	0	1	0.88253472
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	1.12005787
CPT	90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE NOT COMPLETED, PER TRAINING SESSION	1	0	0	1	1.12005787
CPT	92235	FLUORESCCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL AND BILATERAL	1	0	0	1	0.15482288
CPT	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	1	0	0	1	0.95479167
CPT	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING	1	0	0	1	0.04496528
CPT	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER, SUBSEQUENT REPROGRAMMING	1	0	0	1	0.04496528

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	1	0	0	1	0.01221065
CPT	93270	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH SYMPTOM-RELATED MEMORY LOOP WITH REMOTE DOWNLOAD CAPABILITY UP TO 30 DAYS, 24-HOUR ATTENDED MONITORING; RECORDING (INCLUDES CONNECTION, RECORDING, AND DISCONNECTION)	0	1	0	1	0.0615625
CPT	93272	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH SYMPTOM-RELATED MEMORY LOOP WITH REMOTE DOWNLOAD CAPABILITY UP TO 30 DAYS, 24-HOUR ATTENDED MONITORING; REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	0	1	0	1	0.0615625
CPT	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY	1	0	0	1	0.10881944
CPT	94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION	0	1	0	1	0.81444444
CPT	94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONCHODILATOR ADMINISTRATION	0	1	0	1	0.81444444
CPT	94761	NON-INVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE DETERMINATION (E.G., DURING EXERCISE)	0	1	0	1	0.81444444
CPT	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	0	0	1	1	0.05251157
CPT	95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72 HOURS; PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (OFFICE) PROVIDED EQUIPMENT, SENSOR PLACEMENT, HOOK-UP, CALIBRATION OF MONITOR, PATIENT TRAINING, REMOVAL OF SENSOR, AND PRINTOUT OF RECORDING, INTERPRETATION AND REPORT	1	0	0	1	2.76216435
CPT	95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE DAYS OF RECORDING)	1	0	0	1	0.74731481
CPT	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	1	0	0	1	0.74731481
CPT	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	1	0	0	1	0.74731481
CPT	95822	ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY	1	0	0	1	0.21716435

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.28814815
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)	0	0	1	1	0.91234954
CPT	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/ VELOCITY STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.04620914
CPT	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIES	0	0	1	1	0.91234954
CPT	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIES	1	0	0	1	0.04620914
CPT	95911	NERVE CONDUCTION STUDIES; 9-10 STUDIES	0	0	1	1	0.91234954
CPT	95912	NERVE CONDUCTION STUDIES; 11-12 STUDIES	0	0	1	1	0.91234954
CPT	95913	NERVE CONDUCTION STUDIES; 13 OR MORE STUDIES	0	0	1	1	0.91234954
CPT	95924	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; COMBINED PARASYMPATHETIC AND SYMPATHETIC ADRENERGIC FUNCTION TESTING WITH AT LEAST 5 MINUTES OF PASSIVE TILT	1	0	0	1	0.24191784
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	0.06322917
CPT	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY 1 METHOD	0	1	0	1	0.91154473
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	0.08685571
CPT	95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM(E.G., RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM,BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING,IMPEDANCE AND PATIENT MEASUREMENTS) GASTRIC NEUROSTIMULATOR PULSEGENERATOR/TRANSMITTER; INTRAOPERATIVE, WITH PROGRAMMING	0	0	1	1	0.07748139
CPT	96374	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	1	0	0	1	0.94858796
CPT	96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	1	0	0	1	0.94782225

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	1	0	0	1	0.79564815
CPT	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP	1	0	0	1	0.31603009
CPT	97032	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	1	0	0	1	1.15140046
CPT	97035	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	1	0	0	1	0.1965625
CPT	97113	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	0	1	0	1	0.90641204
CPT	97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: -A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE -AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES IN ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; -AN EVOLVING CLINICAL PRESENTATION WITH CHANGING CHARACTERISTICS; AND -CLINICAL DECISION MAKING OF MODERATE COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	1	0	0	1	0.83327546
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	0.06768973
CPT	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 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, 45 MINUTES MUST BE MET OR EXCEEDED.	1	0	0	1	0.66446759
CPT	99244	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR 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, 40 MINUTES MUST BE MET OR EXCEEDED.	1	0	0	1	0.55959491
HCPCS	A4208	SYRINGE WITH NEEDLE, STERILE 3 CC, EACH	0	0	1	1	1.25886574
HCPCS	A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	0	0	1	1	2.21994095
HCPCS	A4927	GLOVES, NON-STERILE, PER 100	0	0	1	1	0.14280205
HCPCS	A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	0	0	1	1	0.02149306

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	A9279	MONITORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHERWISE CLASSIFIED	1	0	0	1	0.05266204
HCPCS	A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	1	0	0	1	0.10837963
HCPCS	A9592	COPPER CU-64, DOTATATE, DIAGNOSTIC, 1 MILLICURIE	1	0	0	1	0.11662037
HCPCS	A9595	PIFLUFOLASTAT F-18, DIAGNOSTIC, 1 MILLICURIE	1	0	0	1	0.68759259
HCPCS	A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN, THERAPEUTIC, 1 MILLICURIE	1	0	0	1	0.82197917
HCPCS	A9608	FLOTUFOLASTAT F18, DIAGNOSTIC, 1 MILLICURIE	1	0	0	1	0.73969907
HCPCS	A9699	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED	1	0	0	1	0.10837963
HCPCS	A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	0	0	1	1	0.79596065
HCPCS	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	0	0	1	1	0.79596065
HCPCS	C1717	BRACHYTHERAPY SEED, HIGH DOSE RATE IRIIDIUM 192	1	0	0	1	0.35828704
HCPCS	C1781	MESH (IMPLANTABLE)	1	0	0	1	0.06107639
HCPCS	C2616	BRACHYTHERAPY SOURCE, YTTRIUM-90	1	0	0	1	0.10837963
HCPCS	C2618	PROBE/NEEDLE, CRYOABLATION	1	0	0	1	0.32700231
HCPCS	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL	1	0	0	1	0.62509259
HCPCS	C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	1	0	0	1	0.21290509
HCPCS	D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	0	0	1	1	0.15020833
HCPCS	D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	1	0	0	1	1.21310185
HCPCS	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	0	0	1	1	1.05630787
HCPCS	E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	1	0	0	1	0.05266204
HCPCS	E0607	HOME BLOOD GLUCOSE MONITOR	0	0	1	1	0.79596065
HCPCS	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	1	0	0	1	0.93947917
HCPCS	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	1	0	0	1	2.74065972
HCPCS	E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	0	0	1	1	0.8337963
HCPCS	E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	0	0	1	1	1.05630787
HCPCS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	1	0	0	1	0.17979167
HCPCS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	1	0	0	1	0.17979167
HCPCS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	1	0	0	1	0.19665509
HCPCS	E0978	WHEELCHAIR ACCESSORY, POSITIONING/SAFETY BELT/PELVIC STRAP, EACH	1	0	0	1	0.17979167

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HPCPS	E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	1	0	0	1	0.19665509
HPCPS	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	1	0	0	1	0.23738426
HPCPS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE, OTHER	1	0	0	1	0.19665509
HPCPS	E1032	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE USED WITH JOYSTICK OR OTHER DRIVE CONTROL INTERFACE	1	0	0	1	0.23738426
HPCPS	E1033	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE FOR HEADREST, CUSHIONED, ANY TYPE	1	0	0	1	0.17979167
HPCPS	E1034	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE FOR LATERAL TRUNK OR HIP SUPPORT, ANY TYPE	1	0	0	1	0.17979167
HPCPS	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	1	0	0	1	0.17979167
HPCPS	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	1	0	0	1	0.17979167
HPCPS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	1	0	0	1	0.17979167
HPCPS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	1	0	0	1	0.17979167
HPCPS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	1	0	0	1	0.17979167
HPCPS	E2298	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	1	0	0	1	0.19665509
HPCPS	E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	1	0	0	1	0.23738426
HPCPS	E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	1	0	0	1	0.19665509
HPCPS	E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	1	0	0	1	0.19665509
HPCPS	E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	1	0	0	1	0.19665509
HPCPS	E2361	POWER WHEELCHAIR ACCESSORY 22NF SEALED LEAD ACID BATTERY, EACH, (E.G., GEL CELL, ABSORBED GLASSMAT)	1	0	0	1	0.19665509
HPCPS	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	1	0	0	1	0.23738426

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HPCPS	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	1	0	0	1	0.19665509
HPCPS	E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	1	0	0	1	1.22027646
HPCPS	E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	1	0	0	1	1.22027646
HPCPS	E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	1	0	0	1	1.22027646
HPCPS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1	0	0	1	1.14032328
HPCPS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	0	1	0	1	2.75727587
HPCPS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1	0	0	1	0.17979167
HPCPS	E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	1	0	0	1	0.19665509
HPCPS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	0	1	0	1	2.75727587
HPCPS	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1	0	0	1	0.17979167
HPCPS	E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	1	0	0	1	0.19665509
HPCPS	G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS, FOR INDICATIONS(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE	0	1	0	1	0.90641204
HPCPS	G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	1	0	0	1	0.94858796
HPCPS	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	1	0	0	1	0.12228009
HPCPS	G6012	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 6-10MEV	1	0	0	1	0.05636574
HPCPS	G6013	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 11-19MEV	1	0	0	1	0.05636574
HPCPS	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	0.05636574
HPCPS	J0165	INJ EPINEPHRINE NOS 0.1 MG	1	0	0	1	0.77928241
HPCPS	J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	1	0	0	1	0.98321759
HPCPS	J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG	1	0	0	1	1.90282407
HPCPS	J0571	BUPRENORPHINE, ORAL, 1 MG	1	0	0	1	0.31515046

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J0572	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE	0	0	1	1	1.64733796
HCPCS	J0575	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG BUPRENORPHINE	1	0	0	1	0.67292824
HCPCS	J0578	INJECTION, BUPRENORPHINE EXTENDEDRELEASE INJECTION, BUPRENORPHINE EXTENDED RELEASE BRIXADI GREATER THAN 7 DAYS OF THERAPY	1	0	0	1	2.14039352
HCPCS	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	1	0	0	1	0.16234954
HCPCS	J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	0	0	1	1	0.24159722
HCPCS	J0741	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2MG/3MG	1	0	0	1	0.01263889
HCPCS	J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	1	0	0	1	0.20768519
HCPCS	J0875	INJECTION, DALBAVANCIN, 5MG	1	0	0	1	1.97119213
HCPCS	J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0	0	1	1	0.77091435
HCPCS	J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	1	0	0	1	0.986597
HCPCS	J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	1	0	0	1	4.90033565
HCPCS	J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	1	0	0	1	0.8478125
HCPCS	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG.	1	0	0	1	3.16362269
HCPCS	J1570	GANCICLOVIR SODIUM INJECTION	0	0	1	1	2.00590278
HCPCS	J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	1	0	0	1	3.70454861
HCPCS	J1580	INJECTION, GARAMYCIN, GENTAMICIN UP TO 80 MG	1	0	0	1	0.13107515
HCPCS	J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	1	0	0	1	0.13107515
HCPCS	J1652	FONDAPARINUX SODIUM	1	0	0	1	0.65866898
HCPCS	J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	1	0	0	1	0.00472222
HCPCS	J1930	INJECTION, LANREOTIDE, 1 MG	1	0	0	1	0.94033565
HCPCS	J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG	1	0	0	1	0.13333333
HCPCS	J1941	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	1	0	0	1	0.31603009
HCPCS	J1944	INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA), 1 MG	0	0	1	1	0.69701389
HCPCS	J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG	1	0	0	1	1.02085648
HCPCS	J2001	INJECTION, LIDOCAINE HCI FOR INTRAVENOUS INFUSION, 10 MG	1	0	0	1	0.96243056
HCPCS	J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	0	0	1	1	1.11396991
HCPCS	J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	1	0	0	1	1.21728009
HCPCS	J2351	INJECTION, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ	1	0	0	1	0.87368056
HCPCS	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	1	0	0	1	4.9428125
HCPCS	J2356	INJECTION, TEZEPELUMAB-EKKO, 1 MG	1	0	0	1	1.56972222

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	1	0	0	1	0.87774306
HCPCS	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	1	0	0	1	0.69094907
HCPCS	J2787	RIBOFLAVIN 5'-PHOPHATE OPTHALMIC SOLUTION, UP TO 3 ML	1	0	0	1	0.78556713
HCPCS	J2790	INJECTION, RHO (D) IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	0	0	1	1	1.88824074
HCPCS	J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	0	0	1	1	1.59993056
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)	1	0	0	1	0.37635417
HCPCS	J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	1	0	0	1	2.48203704
HCPCS	J3520	EDETATE DISODIUM, PER 150 MG	0	0	1	1	0.20621528
HCPCS	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	1	0	0	1	0.03443287
HCPCS	J7183	WILATE INJECTION	1	0	0	1	0.11806713
HCPCS	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	0	0	1	1	1.08145833
HCPCS	J7192	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	1	0	0	1	1.20763889
HCPCS	J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIQ), PER FACTOR VIII I.U.	1	0	0	1	0.63978009
HCPCS	J7294	SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15MG, 0.013MG PER 24 HOURS; YEARLY VAGINAL SYSTEM, EACH	1	0	0	1	0.79327546
HCPCS	J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 5 YEAR DURATION	0	0	1	1	0.05902778
HCPCS	J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	1	0	0	1	1.02424088
HCPCS	J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (ILUVIEN), 0.01 MG	1	0	0	1	0.08976852
HCPCS	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	0	0	1	1	0.88803241
HCPCS	J7351	INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	1	0	0	1	0.23730324
HCPCS	J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	0	0	1	1	0.14782407
HCPCS	J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	1	0	0	1	1.20982639
HCPCS	J7627	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	0	0	1	1	0.15493056
HCPCS	J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	1	0	0	1	0.98547675
HCPCS	J8501	APREPITANT, ORAL, 5 MG	1	0	0	1	1.15061343
HCPCS	J8540	DEXAMETHASONE, ORAL, 0.25 MG	1	0	0	1	1.08440354
HCPCS	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	1	0	0	1	0.23966435
HCPCS	J9047	INJECTION, CARFILZOMIB, 1 MG	1	0	0	1	2.87499241

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J9055	INJECTION, CETUXIMAB, 10 MG	1	0	0	1	0.09869213
HCPCS	J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	1	0	0	1	0.11012731
HCPCS	J9065	INJECTION, CLADRIBINE, PER 1 MG	1	0	0	1	0.91106481
HCPCS	J9118	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	1	0	0	1	0.31603009
HCPCS	J9130	DACARBAZINE, 100 MG	1	0	0	1	0.38253472
HCPCS	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	1	0	0	1	0.20021991
HCPCS	J9150	INJECTION, DAUNORUBICIN, 10 MG	1	0	0	1	0.69114583
HCPCS	J9155	INJECTION, DEGARELIX, 1 MG	1	0	0	1	1.29405424
HCPCS	J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	1	0	0	1	1.6659838
HCPCS	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	1	0	0	1	0.92488426
HCPCS	J9218	LEUPROLIDE ACETATE, PER 1 MG	0	0	1	1	0.90516204
HCPCS	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	1	0	0	1	0.7715162
HCPCS	J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	1	0	0	1	1.6659838
HCPCS	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG	1	0	0	1	0.01802083
HCPCS	J9301	INJECTION, OBINUTUZUMAB, 10 MG	1	0	0	1	0.29453704
HCPCS	J9303	INJECTION, PANITUMUMAB, 10 MG	1	0	0	1	0.29456019
HCPCS	J9304	INJECTION, PEMETREXED (PEMFEXY), 10 MG	1	0	0	1	1.15061343
HCPCS	J9305	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	1	0	0	1	0.66386574
HCPCS	J9306	INJECTION, PERTUZUMAB, 1 MG	1	0	0	1	0.71525463
HCPCS	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	1	0	0	1	0.16170139
HCPCS	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	1	0	0	1	0.3965625
HCPCS	J9360	VINBLASTINE SULFATE, 1 MG	1	0	0	1	0.38253472
HCPCS	K0001	STANDARD WHEELCHAIR	1	0	0	1	1.14032328
HCPCS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	1	0	0	1	0.17979167
HCPCS	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	1	0	0	1	1.14032328
HCPCS	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	1	0	0	1	1.00833485
HCPCS	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1	0	0	1	0.19665509
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	0.26600694

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	0.1665625
HCPCS	L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	1	0	0	1	3.87341435
HCPCS	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	0	0	1	1	1.07564815
HCPCS	Q0164	PROCHLORPERAZINE MALEATE, 5 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	1	0	0	1	0.21438657
HCPCS	Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION	0	0	1	1	1.02439815
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	2.74040509
HCPCS	Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	1	0	0	1	0.10837963
HCPCS	Q3028	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	1	0	0	1	1.17494213
HCPCS	Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	0	0	1	1	0.9903588
HCPCS	Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER	1	0	0	1	0.26365741
HCPCS	Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	1	0	0	1	0.3965625
HCPCS	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	1	0	0	1	0.71525463
HCPCS	Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	1	0	0	1	0.27755787
HCPCS	Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	1	0	0	1	0.77013889
HCPCS	Q5141	INJ ADALIMUMAB-AATY, 1 MG	1	0	0	1	0.01818287
HCPCS	S0090	SILDENAFIL CITRATE, 25 MG	0	0	1	1	1.56203704
HCPCS	S0108	MERCAPTOPURINE, ORAL, 50 MG	1	0	0	1	1.0233912
HCPCS	S0119	ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE HCPCS Q CODE)	1	0	0	1	0.06533565
HCPCS	S0189	TESTOSTERONE PELLET, 75MG	1	0	0	1	0.93818287
HCPCS	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	1	0	0	1	0.09134259
HCPCS	S2095	TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTION, PERCUTANEOUS, ANY METHOD, USING YTTRIUM-90 MICROSPHERES	1	0	0	1	0.10837963
HCPCS	S5000	PRESCRIPTION DRUG, GENERIC	1	0	0	1	0.9425
HCPCS	S5550	INSULIN RAPID 5 U	0	0	1	1	0.78453704

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES; PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH S9330 OR S9331)	1	0	0	1	0.08832176
HCPCS	S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.67903935
HCPCS	S9430	PHARMACY COMPOUNDING AND DISPENSING SERVICES	1	0	0	1	1.21728009
HCPCS	S9991	SERVICES PROVIDED AS PART OF A PHASE III CLINICAL TRIAL	1	0	0	1	0.94858796
HCPCS	V2623	PROSTHETIC, EYE, PLASTIC, CUSTOM	1	0	0	1	0.79010421
HCPCS	V5261	HEARING AID, DIGITAL, BINAURAL, BTE	1	0	0	1	0.2077662
Overall - Total			5,294	102	2,024	7,420	

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
Investigative	21	8	13	
Medical Necessity	140	38	102	161

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

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