

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J3490	UNCLASSIFIED DRUGS	997	1	726	1,724	0.74433385
HCPCS	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	234	0	350	585	0.59574553
HCPCS	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	299	0	105	404	0.71602421
HCPCS	J3590	UNCLASSIFIED BIOLOGICS	136	0	21	157	0.79443125
CPT	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	127	0	3	130	0.38116671
HCPCS	J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	92	0	15	107	0.56754928
HCPCS	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	79	0	3	82	0.46095076
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	58	0	3	61	0.45607788
CPT	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	55	0	0	55	0.2453392
HCPCS	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	40	0	5	45	0.39117104
HCPCS	J1815	INJECTION, INSULIN, PER 5 UNITS	15	0	28	43	0.1988167
CPT	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT	38	0	2	40	0.37296994
HCPCS	J0897	INJECTION, DENOSUMAB, 1 MG	29	0	10	39	0.58568888
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	32	1	1	34	0.26447496
HCPCS	A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	14	0	19	33	0.59565236
HCPCS	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	32	0	0	32	0.48269061
HCPCS	J0139	INJECTION, ADALIMUMAB, 1 MG	7	0	24	31	1.03105436
CPT	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	26	2	1	29	0.80095642
HCPCS	A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	28	0	1	29	0.56321103
HCPCS	S0117	TRETINOIN TOPICAL 5 G	20	0	8	28	0.06588376
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)	20	1	6	27	0.36400304
CPT	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	25	0	0	25	0.31563373

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CPT	36471	INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG	24	0	0	24	0.25183846
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	20	24	0.9330954
HCPCS	Q5142	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	24	0	0	24	0.81167768
CPT	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	22	0	0	22	0.24202141
CPT	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	22	0	0	22	0.77062306
CPT	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY; FIRST VEIN TREATED	21	0	0	21	0.21773436
CPT	64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	21	0	0	21	0.3427897
CPT	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY	20	0	1	21	0.37245756
CPT	85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	15	6	0	21	1.21702601
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)	20	0	0	20	0.56900174
HCPCS	J2357	INJECTION, OMALIZUMAB, 5 MG	17	0	3	20	0.67042833
HCPCS	J7325	HYALURONAN OR DERIVATIVE, SYNVISOR OR SYNVISOR-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	17	0	3	20	0.66463353
CPT	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	19	0	0	19	0.51039759
CPT	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	18	0	0	18	0.38744166
CPT	52000	CYSTOURETHROSCOPY; SEPARATE PROCEDURE	17	1	0	18	0.40453977

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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)	18	0	0	18	0.39570633
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)	12	5	0	17	1.37604643
HCPCS	A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML	17	0	0	17	0.37311512
HCPCS	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STERIOD AND/OR OTHER THERAPEUTIC AGENT AND ARTHROGRAPHY	16	0	1	17	0.22622571
CPT	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	7	2	7	16	1.76542077
CPT	96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	13	0	3	16	0.680129
HCPCS	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	13	0	3	16	0.34853136
CPT	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	14	0	1	15	0.19139738
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	15	0	0	15	0.26715741
HCPCS	J2350	INJECTION, OCRELIZUMAB, 1 MG	15	0	0	15	0.70895774
CPT	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	12	2	0	14	1.25180535
CPT	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	13	1	0	14	0.98544064
CPT	95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	13	1	0	14	0.22294772
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)	14	0	0	14	0.7760458
HCPCS	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	14	0	0	14	0.99598795
HCPCS	J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	4	0	10	14	0.87317528
HCPCS	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	14	0	0	14	1.09769746

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CPT	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	13	0	0	13	0.31234625
CPT	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	0	0	13	13	0.42770344
CPT	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	3	0	10	13	1.24177827
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	13	0	0	13	0.61019799
CPT	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	13	0	0	13	0.99533476
CPT	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	12	0	1	13	0.63021635
CPT	97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	11	1	1	13	1.33160175
HCPCS	J1308	INJECTION, FAMOTIDINE, 0.25 MG	13	0	0	13	1.00475249
HCPCS	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	13	0	0	13	1.02986378
HCPCS	J2469	INJECTION, PALONOSETRON HCL, 25 MCG	13	0	0	13	0.60109687
HCPCS	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	13	0	0	13	1.086112
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	0.32090018
CPT	30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	12	0	0	12	0.39528107
CPT	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	12	0	0	12	0.2154022
CPT	95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	12	0	0	12	0.11538736
CPT	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	12	0	0	12	0.67725309
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).	11	0	1	12	1.29324942
HCPCS	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	12	0	0	12	1.02614583
HCPCS	J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	10	0	2	12	0.56122975
HCPCS	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	12	0	0	12	1.02614583

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HCPCS	J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	12	0	0	12	1.02614583
HCPCS	J3357	INJECTION, USTEKINUMAB, 1 MG	9	0	3	12	1.23431216
HCPCS	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	12	0	0	12	1.02614583
HCPCS	J7040	INFUSION, NORMAL SALINE SOLUTION , 500 CC	12	0	0	12	1.02614583
HCPCS	J9045	INJECTION, CARBOPLATIN, 50 MG	11	1	0	12	0.50997831
CPT	19318	BREAST REDUCTION	11	0	0	11	0.46961385
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	9	1	1	11	0.37846719
CPT	81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	10	1	0	11	0.78500398
CPT	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELINES)	2	2	7	11	0.45961662
CPT	81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G GREATER THAN A VARIANT	2	3	6	11	1.28062806
CPT	81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	2	3	6	11	1.21967171
HCPCS	J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	11	0	0	11	1.11652462
HCPCS	J3111	INJECTION, ROMOSUZUMAB-AQQG, 1 MG	8	0	3	11	0.98247861
HCPCS	J3380	INJECTION, VEDOLIZUMAB, INTRAVENOUS, 1 MG	9	0	2	11	0.85872013
HCPCS	J7295	ETHINYL ESTRADIOL AND ETONOGESTREL 0.015MG, 0.12MG PER 24 HOURS; MONTHLY VAGINAL RING, EACH	3	0	8	11	1.4095181
HCPCS	J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	11	0	0	11	1.045383
CPT	19303	MASTECTOMY, SIMPLE, COMPLETE	10	0	0	10	0.3830808
CPT	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10	0	0	10	0.30863462
CPT	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	10	0	0	10	0.39516667
CPT	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	10	0	0	10	0.30846495
CPT	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	10	0	0	10	0.28397212
CPT	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL	10	0	0	10	0.73448727

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CPT	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	10	0	0	10	0.27392387
CPT	81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)	7	1	2	10	0.49370522
HCPCS	E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	8	0	2	10	0.64980779
HCPCS	J3247	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG	7	0	3	10	0.3961169
HCPCS	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	10	0	0	10	0.37713825
HCPCS	J9267	INJECTION, PACLITAXEL, 1 MG	10	0	0	10	0.44149718
HCPCS	J9312	INJECTION, RITUXIMAB, 10 MG	8	0	2	10	0.88651968
CPT	00170	ANESTHESIA FOR INTRORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	5	2	2	9	0.7293223
CPT	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (E.G., RIBS SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	9	0	0	9	0.32417607
CPT	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	9	0	0	9	0.44345918
CPT	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	9	0	0	9	0.53134774
CPT	82746	FOLIC ACID; SERUM	7	1	1	9	1.03250643
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	8	0	1	9	0.26931694
CPT	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	9	0	0	9	1.43897524
HCPCS	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE (FOR FACILITY CLAIMS ONLY)	8	0	1	9	0.37416409
HCPCS	C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR (FOR FACILITY CLAIMS ONLY)	8	0	1	9	0.37416409
HCPCS	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	9	0	0	9	0.21465535
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	9	0	0	9	0.38341178
HCPCS	Q5135	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	8	0	1	9	0.34929227

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CPT	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	8	0	0	8	0.48932352
CPT	31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	8	0	0	8	0.30939571
CPT	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	8	0	0	8	0.1832147
CPT	64450	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; OTHER PERIPHERAL NERVE OR BRANCH	8	0	0	8	0.40146474
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	2	2	4	8	0.35436075
CPT	81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF GREATER THAN 50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS)	4	0	4	8	0.61283701
CPT	82728	FERRITIN	7	1	0	8	0.95330729
CPT	83540	IRON	7	1	0	8	0.95330729
CPT	83550	IRON BINDING CAPACITY	7	1	0	8	0.95330729
CPT	95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 61-119 MINUTES	8	0	0	8	0.08889556
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	6	1	1	8	1.28207295
HCPCS	C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	7	0	1	8	0.39969039
HCPCS	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	8	0	0	8	0.7132147
HCPCS	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E. G. LIQUID), 500 MG	8	0	0	8	0.84977397
HCPCS	J1628	INJECTION, GUSELKUMAB, 1 MG	7	0	1	8	1.26298418
HCPCS	J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	7	0	1	8	1.11783138
HCPCS	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	6	0	2	8	1.229937
HCPCS	J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE	5	0	3	8	0.75278051
HCPCS	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	8	0	0	8	0.48726296
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	7	7	1.45358879
CPT	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	7	0	0	7	0.20324239

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CPT	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	7	0	0	7	0.36740245
CPT	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	7	0	0	7	0.61938327
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	0.12387264
CPT	77412	RADIATION TREATMENT DELIVERY, = 1 MEV; COMPLEX	7	0	0	7	0.13308366
CPT	81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	6	1	0	7	1.12595554
CPT	82607	CYANOCOBALAMIN (VITAMIN B-12);	6	1	0	7	1.27652778
CPT	91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH INTERPRETATION AND REPORT	5	0	2	7	0.36359979
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.	6	1	0	7	0.81067626
HCPCS	J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	1	0	6	7	0.42302249
HCPCS	J9000	DOXORUBICIN HCL, 10 MG	7	0	0	7	0.65929327
HCPCS	J9370	VINCRIStINE SULFATE, 1 MG	7	0	0	7	0.29093915
HCPCS	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	6	0	1	7	0.30366402
HCPCS	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	7	0	0	7	0.2060334
CPT	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXTENSIVE SKIN WEIGHTING DOWN LID	6	0	0	6	0.24412423
CPT	20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITHOUT ULTRASOUND GUIDANCE	6	0	0	6	0.27228588
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)	6	0	0	6	0.37835455
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)	6	0	0	6	0.27792305
CPT	29999	UNLISTED PROCEDURE, ARTHROSCOPY	6	0	0	6	0.25450231
CPT	30117	EXCISION OR DESTRUCTION, (E.G., LASER), INTRANASAL LESION; INTERNAL APPROACH	0	1	5	6	0.61394869

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CPT	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL).	4	1	1	6	0.46495756
CPT	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	6	0	0	6	0.64891344
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)	6	0	0	6	0.52028356
CPT	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	6	0	0	6	0.39947365
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)	6	0	0	6	0.2450598
CPT	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	6	0	0	6	0.2619348
CPT	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	3	1	2	6	0.26456838
CPT	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	6	0	0	6	0.17494599
CPT	74183	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	5	1	0	6	0.76349923
CPT	81208	BCR/ABLI (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE	5	1	0	6	0.66294078
CPT	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	1	1	4	6	0.64490214
CPT	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	0	0	6	6	2.33233106
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 FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC, BMP1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, AND STK11	0	0	6	6	0.42539738
CPT	83090	HOMOCYSTINE HOMOCYSTEINE	1	2	3	6	0.49383471
CPT	83615	LACTIC DEHYDROGENASE (LD), (LDH)	5	1	0	6	1.57463927
CPT	83695	LIPOPROTEIN (A)	0	0	6	6	0.54087098
CPT	83735	MAGNESIUM	6	0	0	6	1.3046142
CPT	83921	ORGANIC ACID, SINGLE, QUANTITATIVE	6	0	0	6	0.99935185
CPT	88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/NEU, ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR), QUANTITATIVE OR SEMIQUANTITATIVE, PER SPECIMEN, EACH SINGLE ANTIBODY STAIN PROCEDURE; MANUAL	4	2	0	6	2.33223948

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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	6	0	0	6	1.96944616
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	6	0	0	6	1.96944616
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	6	0	0	6	1.96944616
CPT	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES.	4	1	1	6	1.18698268
CPT	97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	3	0	3	6	0.21652778
HCPCS	E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	6	0	0	6	0.54628852
HCPCS	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	0	0	6	6	0.40844487
HCPCS	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG	5	0	1	6	1.21800733
HCPCS	J2941	INJECTION, SOMATROPIN, 1MG	6	0	0	6	0.95267554
HCPCS	J9260	INJECTION, METHOTREXATE SODIUM, 50 MG	6	0	0	6	0.31805941
HCPCS	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	6	0	0	6	0.21873931
HCPCS	Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	4	0	2	6	0.69043794
HCPCS	Q5111	INJECTION, PEGFILGRASTIM-CBQV (UDENYCA), BIOSIMILAR, 0.5 MG	5	0	1	6	0.47584105
HCPCS	S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	3	0	3	6	0.67741898
CPT	31242	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DESTRUCTION BY RADIOFREQUENCY ABLATION, POSTERIOR NASAL NERVE	0	0	5	5	0.69796991
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	5	0	0	5	0.08059491
CPT	58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	5	0	0	5	0.13009375
CPT	64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)	5	0	0	5	0.58593691
CPT	64624	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	0	0	5	5	0.41472222
CPT	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	5	0	0	5	0.78702512

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CPT	81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)	1	0	4	5	1.11512901
CPT	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	1	0	4	5	2.51010886
CPT	84550	URIC ACID; BLOOD	4	1	0	5	1.74552778
CPT	88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	4	1	0	5	1.8571713
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)	4	1	0	5	1.8571713
CPT	88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	4	1	0	5	1.8571713
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	5	0	0	5	0.80455997
CPT	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	5	0	0	5	1.7961713
CPT	95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	5	0	0	5	0.11116114
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	3	2	0	5	0.64593971

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CPT	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/ TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED LOOP PARAMETERS, AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH COMPLEX SPINAL CORD OR PERIPHERAL NERVE (EG, SACRAL NERVE) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	5	0	0	5	0.44544213
CPT	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIAN'S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL'S TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIONS, AND NON-FACE-TO-FACE ANALYZING PAST DATA, SCORING/INTERPRETING THE ASSESSMENT, AND PREPARING THE REPORT/TREATMENT PLAN	5	0	0	5	2.33477121
HCPCS	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	1	1	3	5	0.55673148
HCPCS	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	0	1	4	5	1.1010735
HCPCS	J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	5	0	0	5	1.08186574
HCPCS	J3110	INJECTION, TERIPARATIDE, 10 MCG	4	0	1	5	0.43911574
HCPCS	J3262	INJECTION, TOCILIZUMAB, 1 MG	0	0	5	5	0.72065741
HCPCS	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	5	0	0	5	1.21967663
HCPCS	J9171	INJECTION, DOCETAXEL, 1 MG	5	0	0	5	0.37546296
HCPCS	J9190	FLUOROURACIL, 500 MG	5	0	0	5	0.55611095
HCPCS	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	5	0	0	5	0.44037963
HCPCS	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	5	0	0	5	0.30874319
HCPCS	Q5141	INJ ADALIMUMAB-AATY, 1 MG	4	0	1	5	0.72192593
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)	3	1	0	4	0.29488448
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	0.47503183
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	0.47503183
CPT	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	4	0	0	4	0.11430845

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CPT	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	4	0	0	4	0.46974826
CPT	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	4	0	0	4	0.6645578
CPT	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	4	0	0	4	0.61336227
CPT	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	4	0	0	4	0.48976827
CPT	38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	4	0	0	4	0.25842014
CPT	38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	4	0	0	4	0.29688657
CPT	38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	4	0	0	4	0.25842014
CPT	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	4	0	0	4	0.32640625
CPT	64568	OPEN IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	3	0	1	4	0.41478299
CPT	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	4	0	0	4	0.19668981
CPT	64590	INSERTION OR REPLACEMENT OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE GENERATOR OR RECEIVER	3	0	1	4	0.38905961
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)	4	0	0	4	1.0579919
CPT	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	4	0	0	4	0.50257234
CPT	69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	0	0	4	0.27346644
CPT	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	4	0	0	4	0.10168981
CPT	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (E.G., DIAGNOSTIC, INTERVENTIONAL)	4	0	0	4	0.62168758
CPT	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	4	0	0	4	0.14305266
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	0.14305266

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CPT	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	4	0	0	4	0.14305266
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	0.14305266
CPT	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	4	0	0	4	0.14305266
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	4	0	0	4	0.5411246
CPT	81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT	4	0	0	4	0.35329735
CPT	81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1	0	3	4	0.71288474
CPT	81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	0	3	4	0.71288474
CPT	81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1	0	3	4	0.71288474
CPT	81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	0	3	4	0.71288474
CPT	81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1	0	3	4	0.71288474
CPT	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	4	0	0	4	0.36632523
CPT	84100	PHOSPHORUS INORGANIC (PHOSPHATE);	4	0	0	4	1.5380816
CPT	85384	FIBRINOGEN; ACTIVITY	2	2	0	4	0.8104485
CPT	88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	3	1	0	4	2.0856713
CPT	88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	3	1	0	4	2.0856713
CPT	88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE	2	2	0	4	0.61065367
CPT	96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	4	0	0	4	0.12137442
CPT	96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE	4	0	0	4	0.26701968
CPT	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO- FACE WITH THE PATIENT, EACH 15 MINUTES	2	0	2	4	0.09829861

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HCPCS	A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	3	0	1	4	0.67628129
HCPCS	A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	1	0	3	4	0.79300058
HCPCS	E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	1	1	2	4	0.44900752
HCPCS	E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	1	1	2	4	0.44900752
HCPCS	E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	3	0	1	4	0.4797172
HCPCS	E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTHLESS THAN 22 INCHES, ANY DEPTH	4	0	0	4	0.35314201
HCPCS	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	3	0	1	4	0.34557581
HCPCS	J0517	INJECTION, BENRALIZUMAB, 1 MG	3	0	1	4	1.0969647
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)	3	0	1	4	0.67624711
HCPCS	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	2	0	2	4	0.0176794
HCPCS	J1306	INJECTION, INCLISIRAN, 1 MG	2	0	2	4	2.72913001
HCPCS	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	4	0	0	4	0.51128472
HCPCS	J1453	INJECTION, FOSAPREPITANT, 1 MG	4	0	0	4	0.32356481
HCPCS	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	4	0	0	4	0.45188368
HCPCS	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG	4	0	0	4	0.24680712
HCPCS	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	4	0	0	4	0.19177662
HCPCS	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	4	0	0	4	1.21592014
HCPCS	J8522	CAPECITABINE, ORAL, 50 MG	4	0	0	4	0.16564815
HCPCS	J9118	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	4	0	0	4	0.26515046
HCPCS	L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	3	0	1	4	0.30232519
HCPCS	L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	3	0	1	4	0.4860706
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	4	0	0	4	0.06658565
HCPCS	Q5100	INJECTION, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG	4	0	0	4	1.11902488
HCPCS	Q5125	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM	4	0	0	4	0.17920428

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HPCS	Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	4	0	0	4	0.77885995
CPT	0232T	INJECTION(S), PLATELET RICH PLASMA, ANY TISSUE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	0	0	3	3	0.60082948
CPT	0364U	ONCOLOGY (HEMATOLYMPHOID NEOPLASM), GENOMIC SEQUENCE ANALYSIS USING MULTIPLEX (PCR) AND NEXT-GENERATION SEQUENCING WITH ALGORITHM, QUANTIFICATION OF DOMINANT CLONAL SEQUENCE(S), REPORTED AS PRESENCE OR ABSENCE OF MINIMAL RESIDUAL DISEASE (MRD) WITH QUANTITATION OF DISEASE BURDEN, WHEN APPROPRIATE	3	0	0	3	1.79629244
CPT	12036	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM	3	0	0	3	0.36714892
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)	3	0	0	3	0.32461806
CPT	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	3	0	0	3	0.92056218
CPT	19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE	3	0	0	3	0.32461806
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	0.61944059
CPT	21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	0	0	3	3	0.47706019
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	3	0	0	3	0.12900077
CPT	22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.17280093
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)	2	1	0	3	0.37783265
CPT	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	3	0	0	3	0.57887932
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)	3	0	0	3	0.32965457

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CPT	37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; VENOUS, OTHER THAN HEMORRHAGE (EG, CONGENITAL OR ACQUIRED VENOUS MALFORMATIONS, VENOUS AND CAPILLARY HEMANGIOMAS, VARICES, VARICOCELES)	2	0	1	3	0.74354552
CPT	43239	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	3	0	0	3	0.30434414
CPT	58554	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	3	0	0	3	0.08833719
CPT	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	2	1	0	3	0.43156845
CPT	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.30853009
CPT	67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	3	0	0	3	0.39581404
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)	3	0	0	3	0.29208719
CPT	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	2	0	1	3	0.58415509
CPT	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	3	0	0	3	0.16901235
CPT	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	3	0	0	3	0.16901235
CPT	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	3	0	0	3	0.16901235
CPT	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	3	0	0	3	0.16901235
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	1	0	3	1.35351588
CPT	81243	FMRI (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (EG, FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	1	2	0	3	0.50177083
CPT	81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	0	2	3	0.84301299
CPT	81410	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLEER 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	2	3	1.21788968
CPT	81411	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLEER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR TGFB1, TGFB2, MYH11, AND COL3A1	1	0	2	3	1.21788968

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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	3	3	1.1247427
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	3	3	0.58554012
CPT	85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C ANTIGEN	0	3	0	3	1.79447531
CPT	85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	0	3	0	3	1.79447531
CPT	85610	PROTHROMBIN TIME;	1	2	0	3	2.45366898
CPT	85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	2	1	0	3	0.37443673
CPT	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	0	3	0	3	1.79447531
CPT	88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG, SACCOMANNO TECHNIQUE)	3	0	0	3	1.83177855
CPT	88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	1	2	0	3	1.92395062
CPT	88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	1	2	0	3	1.92395062
CPT	93229	EXTERNAL MOBILE CARDIOVASCULAR TELEMTRY 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	3	0	0	3	0.54111883
CPT	93356	MYOCARDIAL STRAIN IMAGING USING SPECKLE TRACKING-DERIVED ASSESSMENT OF MYOCARDIAL MECHANINCS (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY IMAGING)	0	1	2	3	0.55243827
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	3	0	0	3	0.63987654
CPT	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	3	0	0	3	0.08305021

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CPT	95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION(PARASYMPATHETIC FUNCTION), INCLUDING TWO OR MORE OF THE FOLLOWING: HEARTRATE RESPONSE TO DEEP BREATHING WITH RECORDED R-R INTERVAL, VALSALVARATIO, AND 30:15 RATIO	1	2	0	3	0.41719136
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	0	0	3	0.57295065
CPT	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	3	0	0	3	0.63987654
CPT	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	3	0	0	3	0.63987654
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)	3	0	0	3	0.63987654
CPT	96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.11270062
CPT	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	3	0	0	3	0.11227623
CPT	97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	3	0	0	3	1.28489198
CPT	97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	2	1	0	3	1.09988887
CPT	97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: -AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES IS REQUIRED; AND -REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY	3	0	0	3	1.62737723
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	0.90952546
HCPCS	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	3	0	0	3	0.15728009
HCPCS	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	0	2	3	0.41458719
HCPCS	E0607	HOME BLOOD GLUCOSE MONITOR	1	0	2	3	0.80028523
HCPCS	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT, NON-CLINICAL MODEL	0	0	3	3	0.71309799
HCPCS	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	1	0	2	3	1.15401615
HCPCS	G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS, FOR INDICATIONS(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE	1	1	1	3	0.77985779

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J0169	INJECTION, EPINEPHRINE (ADRENALIN), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG	3	0	0	3	0.25915509
HCPCS	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	3	0	0	3	0.43113426
HCPCS	J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	3	0	0	3	0.78771578
HCPCS	J1080	TESTOSTERONE CYPIONAT 200 MG	3	0	0	3	0.70338735
HCPCS	J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	3	0	0	3	0.59584877
HCPCS	J2329	INJECTION, UBLITUXIMAB-XIY, 1MG	3	0	0	3	1.01408444
HCPCS	J2356	INJECTION, TEZEPELUMAB-EKKO, 1 MG	2	0	1	3	0.25918596
HCPCS	J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	3	0	0	3	0.67727623
HCPCS	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	2	0	1	3	1.35605228
HCPCS	J8597	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	3	0	0	3	1.51547031
HCPCS	J9035	INJECTION, BEVACIZUMAB 10 MG	3	0	0	3	0.68034722
HCPCS	J9100	INJECTION, CYTARABINE, 100 MG.	3	0	0	3	0.12883488
HCPCS	L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	2	0	1	3	0.49837577
HCPCS	Q5099	INJECTION, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG	3	0	0	3	1.45520833
HCPCS	Q5101	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM	3	0	0	3	1.57509336
HCPCS	Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	3	0	0	3	1.75684223
HCPCS	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	3	0	0	3	0.21021748
HCPCS	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	3	0	0	3	0.51488426
HCPCS	Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	3	0	0	3	1.17948302
HCPCS	Q9992	BUPRENORPHINE XR OVER 100 MG	0	0	3	3	-0.10542438
HCPCS	S0090	SILDENAFIL CITRATE, 25 MG	0	0	3	3	0.97247299
HCPCS	S9430	PHARMACY COMPOUNDING AND DISPENSING SERVICES	2	0	1	3	0.15406636
CPT	0037U	TARGETED GENOMIC SEQUENCE ANALYSIS, SOLID ORGAN NEOPLASM, DNA ANALYSIS OF 324 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN	0	0	2	2	1.39127894
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	2	2	0.21148076
CPT	12031	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	2	0	0	2	0.07979745
CPT	12032	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	2	0	0	2	0.07979745

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CPT	12035	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM	2	0	0	2	0.07979745
CPT	12037	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM	2	0	0	2	0.07979745
CPT	13120	REPAIR COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	2	0	0	2	0.07979745
CPT	13121	REPAIR COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	2	0	0	2	0.07979745
CPT	13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.07979745
CPT	14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	2	0	0	2	0.07979745
CPT	14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.15 SQ CM TO 30.0 SQ CM	2	0	0	2	0.07979745
CPT	15736	MUSCLE, MYCOTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	2	0	0	2	0.07979745
CPT	19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER, OPEN; SINGLE LESION	2	0	0	2	0.07979745
CPT	19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER, OPEN; EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A PREOPERATIVE RADIOLOGICAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.07979745
CPT	19300	MASTECTOMY FOR GYNECOMASTIA	1	0	1	2	0.58134259
CPT	19316	MASTOPEXY	2	0	0	2	0.16436921
CPT	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	2	0	0	2	0.11866319
CPT	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	2	0	0	2	0.11866319
CPT	20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPUYTREN'S CONTRACTURE)	2	0	0	2	0.0551794
CPT	20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	0	0	2	2	1.08506284
CPT	20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES	0	0	2	2	2.06630556
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	0.89754051
CPT	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	0	0	2	2	0.2034838
CPT	21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	0	0	2	2	0.2034838
CPT	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; THORACIC	2	0	0	2	0.41093171

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CPT	22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.12186921
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)	2	0	0	2	0.11119792
CPT	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.19778356
CPT	24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	2	0	0	2	0.04834491
CPT	26341	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION (EG, COLLAGENASE), SINGLE CORD	2	0	0	2	0.0551794
CPT	27280	ARTHRODESIS, SACROILIAC JOINT, OPEN, INCLUDES OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	2	0	0	2	0.19778356
CPT	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	2	0	0	2	0.13193866
CPT	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	2	0	0	2	1.50681713
CPT	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	2	0	0	2	0.42638889
CPT	31243	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DESTRUCTION BY CRYOABLATION, POSTERIOR NASAL NERVE	1	1	0	2	0.46575231
CPT	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	2	0	0	2	0.1329456
CPT	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	2	0	0	2	0.11850715
CPT	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	2	0	0	2	0.12628472
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	0.44708912
CPT	35206	REPAIR BLOOD VESSEL DIRECT; UPPER EXTREMITY	2	0	0	2	0.07979745
CPT	36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	2	0	0	2	0.48232908
CPT	36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROSAL SINUS)	2	0	0	2	0.48232908
CPT	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN), SAME LEG	2	0	0	2	0.07037616

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CPT	38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENEIC	2	0	0	2	1.12826968
CPT	38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR	2	0	0	2	1.12826968
CPT	38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	2	0	0	2	0.07979745
CPT	38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	2	0	0	2	0.07979745
CPT	42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	2	0	0	2	1.42230324
CPT	43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	2	0	0	2	0.07568287
CPT	43499	UNLISTED PROCEDURE, ESOPHAGUS	2	0	0	2	0.4923206
CPT	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	1	0	1	2	0.82914352
CPT	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	2	0	0	2	0.75847222
CPT	58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND OVARY(S)	2	0	0	2	0.22948495
CPT	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	2	0	0	2	0.18873435
CPT	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	2	0	0	2	0.16081597
CPT	62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	2	0	0	2	0.10140625
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	2	0	0	2	0.46416667
CPT	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	2	0	0	2	0.15178241
CPT	64581	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	2	0	0	2	0.52328125
CPT	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	0	0	2	2	0.17471644
CPT	64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLE(S)	2	0	0	2	0.89754051
CPT	64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	2	0	0	2	0.11637153
CPT	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	2	0	0	2	0.05351852
CPT	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	1	1	0	2	0.98405093
CPT	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	2	0	0	2	0.52721065
CPT	75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	2	0	0	2	0.48232908

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CPT	75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	2	0	0	2	0.48232908
CPT	77048	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; UNILATERAL	2	0	0	2	0.40045718
CPT	78195	LYMPHATICS AND LYMPH NODES IMAGING	2	0	0	2	0.11108796
CPT	81161	DMD (DYSTROPHIN) (EG, DUCHENNE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED	0	0	2	2	0.21935341
CPT	81162	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	0	1	1	2	1.10579861
CPT	81234	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES	1	0	1	2	0.25820602
CPT	81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1	0	1	2	1.14023129
CPT	81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1	0	1	2	1.14023129
CPT	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	1	0	1	2	0.59587384
CPT	81382	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH	1	0	1	2	0.47710518
CPT	81400	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1 (EG, IDENTIFICATION OF SINGLE GERMLINE VARIANT [EG, SNP] BY TECHNIQUES SUCH AS RESTRICTION ENZYME DIGESTION OR MELT CURVE ANALYSIS)	0	0	2	2	0.21935341
CPT	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	0	0	2	2	0.21935341
CPT	82172	APOLIPOPROTEIN, EACH	0	0	2	2	0.59233695
CPT	83520	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN; QUANTITATIVE, NOT OTHERWISE SPECIFIED	0	2	0	2	2.52903356
CPT	85240	CLOTTING; FACTOR VIII (AHG), 1-STAGE	0	2	0	2	2.38444444
CPT	85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III ANTIGEN ASSAY	0	2	0	2	2.38444444
CPT	85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	0	2	0	2	2.38444444
CPT	85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	0	2	0	2	2.38444444
CPT	85520	HEPARIN ASSAY	0	2	0	2	2.38444444
CPT	85525	HEPARIN NEUTRALIZATION	0	2	0	2	2.38444444
CPT	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	0	2	0	2	2.38444444

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CPT	85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	0	2	0	2	2.38444444
CPT	85670	THROMBIN TIME; PLASMA	0	2	0	2	2.38444444
CPT	85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	0	2	0	2	2.38444444
CPT	86039	ANTINUCLEAR ANTIBODIES (AMA); TITER	2	0	0	2	0.14793981
CPT	86140	C-REACTIVE PROTEIN;	1	1	0	2	0.50429977
CPT	86146	BETA 2 GLYCOPROTEIN 1 ANTIBODY, EACH	0	2	0	2	2.38444444
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	0.1162963
CPT	86316	IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4, 549), EACH	1	0	1	2	0.41267361
CPT	86431	RHEUMATOID FACTOR; QUANTITATIVE	2	0	0	2	0.14793981
CPT	86617	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST (EG, WESTERN BLOT OR IMMUNOBLOT)	1	0	1	2	1.44763087
CPT	88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION	2	0	0	2	1.4516088
CPT	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION (EG, LIQUID BASED SLIDE PREPARATION METHOD), EXCEPT CERVICAL OR VAGINAL	2	0	0	2	1.4516088
CPT	88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	2	0	0	2	1.4516088
CPT	88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	1	1	0	2	1.52714699
CPT	88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	2	0	0	2	0.51429398
CPT	88364	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; EACH ADDITIONAL SINGLE PROBE STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.21576024
CPT	88365	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; INITIAL SINGLE PROBE STAIN PROCEDURE	2	0	0	2	0.55398723
CPT	90999	UNLISTED DIALYSIS PROCEDURE, IN HOSPITALIZED OR OUT PATIENT	2	0	0	2	0.08913773
CPT	91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY WITH INTERPRETATION AND REPORT; 2-DIMENSIONAL DATA	2	0	0	2	0.09446181
CPT	91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION;	2	0	0	2	0.09446181
CPT	91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION; PROLONGED (GREATER THAN 1 HOUR, UP TO 24 HOURS)	2	0	0	2	0.09446181
CPT	91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMAGING, WITH INTERPRETATION AND REPORT	2	0	0	2	0.11678819

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT; INCLUDING PERFORMANCE OF CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, WITH SUPERVISION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	0	2	0	2	0.43106481
CPT	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (I.E., FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	2	0	0	2	0.4704919
CPT	93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA; WITH LEFT VENTRICULAR PACING AND RECORDING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.08928241
CPT	93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS, INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING AND CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS, INCLUDING INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING, RIGHT VENTRICULAR PACING AND RECORDING, LEFT ATRIAL PACING AND RECORDING FROM CORONARY SINUS OR LEFT ATRIUM, AND HIS BUNDLE RECORDING, WHEN PERFORMED; WITH TREATMENT OF VENTRICULAR TACHYCARDIA OR FOCUS OF VENTRICULAR ECTOPY INCLUDING LEFT VENTRICULAR PACING AND RECORDING, WHEN PERFORMED	2	0	0	2	0.08928241
CPT	93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION, INCLUDING IMAGING SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.41653935
CPT	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY	2	0	0	2	0.20967145
CPT	95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	0	0	2	2	0.58342593
CPT	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	2	0	0	2	0.11688434
CPT	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	2	0	0	2	0.14410301
CPT	95924	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; COMBINED PARASYMPATHETIC AND SYMPATHETIC ADRENERGIC FUNCTION TESTING WITH AT LEAST 5 MINUTES OF PASSIVE TILT	2	0	0	2	0.98906223
CPT	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	2	0	0	2	0.43277432
CPT	95955	ELECTROENCEPHALOGRAM (EEG) DURING NON-INTRACRANIAL SURGERY (E.G., CAROTID SURGERY)	2	0	0	2	0.83415509

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION OF A NEW DRUG/ SUBSTANCE, UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.50222801
CPT	96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.50222801
CPT	96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	2	0	0	2	0.08836806
CPT	96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	2	0	0	2	0.4205787
CPT	97014	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED).	2	0	0	2	1.92152199
CPT	97035	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	2	0	0	2	1.92152199
CPT	97113	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	1	1	0	2	1.11207834
CPT	97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	1	1	0	2	1.11207834
CPT	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	2	0	0	2	0.25180556
CPT	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 60 MINUTES MUST BE MET OR EXCEEDED.	1	1	0	2	0.50831019
HCPCS	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS1)	1	0	1	2	0.36578704
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	2	2	0.88158214
HCPCS	A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	1	0	1	2	0.73188739
HCPCS	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	2	0	0	2	0.12626157
HCPCS	D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	0	2	0	2	1.84033575
HCPCS	D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)- REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	0	2	0	2	1.84033575
HCPCS	D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	0	2	0	2	1.84033575
HCPCS	D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	0	2	0	2	1.84033575
HCPCS	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	0	0	2	2	0.29855903

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	0	0	2	2	0.21561921
HCPCS	E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	0	0	2	2	0.79483796
HCPCS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	2	0	0	2	0.16718069
HCPCS	E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	2	0	0	2	0.17692708
HCPCS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	2	0	0	2	0.11723958
HCPCS	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	2	0	0	2	0.12255208
HCPCS	J0185	INJECTION, APREPITANT, 1 MG	2	0	0	2	0.57672454
HCPCS	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG" TO INSTEAD READ,"INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG	1	0	1	2	-0.09053819
HCPCS	J0490	INJECTION, BELIMUMAB, 10 MG	2	0	0	2	0.61428819
HCPCS	J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	2	0	0	2	0.0551794
HCPCS	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	2	0	0	2	0.18007523
HCPCS	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	2	0	0	2	0.3925463
HCPCS	J1756	INJECTION, IRON SUCROSE, 1 MG	2	0	0	2	0.4484375
HCPCS	J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	1	0	1	2	0.90608796
HCPCS	J2323	INJECTION, NATALIZUMAB, 1 MG	2	0	0	2	0.81905093
HCPCS	J2426	INJ, INVEGA SUSTENNA, 1 MG	0	0	2	2	0.08284144
HCPCS	J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	2	0	0	2	0.86086227
HCPCS	J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG	2	0	0	2	1.26332176
HCPCS	J2919	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	2	0	0	2	0.48609388
HCPCS	J3121	INJ TESTOSTERO ENANTHATE 1MG	1	0	1	2	0.99682292
HCPCS	J3285	INJECTION, TREPROSTINIL, 1 MG	1	0	1	2	0.1705585
HCPCS	J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	2	0	0	2	0.15868056
HCPCS	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	1	0	1	2	1.12355903
HCPCS	J7183	WILATE INJECTION	2	0	0	2	0.49270833
HCPCS	J8700	TEMOZOLMIDE, ORAL, 5 MG	2	0	0	2	0.49450073
HCPCS	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	2	0	0	2	0.77487847
HCPCS	J9041	INJECTION, BORTEZOMIB, 0.1 MG	2	0	0	2	0.48764468
HCPCS	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	2	0	0	2	1.4376331
HCPCS	J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG	2	0	0	2	0.45458912

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HCPCS	J9173	INJECTION, DURVALUMAB, 10 MG	1	1	0	2	0.55517361
HCPCS	J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	2	0	0	2	1.85735532
HCPCS	J9206	INJECTION, IRINOTECAN, 20 MG	2	0	0	2	1.05122106
HCPCS	J9208	INJECTION, IFOSFAMIDE, 1 GM	2	0	0	2	0.10385995
HCPCS	J9209	MESNA, 200 MG	2	0	0	2	0.10385995
HCPCS	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	2	0	0	2	0.12396344
HCPCS	J9228	INJECTION, IPILIMUMAB, 1 MG	2	0	0	2	0.97435764
HCPCS	J9263	INJECTION, OXALIPLATIN, 0.5 MG	2	0	0	2	0.22023108
HCPCS	J9299	INJECTION, NIVOLUMAB, 1 MG	2	0	0	2	0.97435764
HCPCS	J9305	INJECTION, PEMETREXED, NOT OTHERWISE SPECIFIED, 10 MG	2	0	0	2	0.48175347
HCPCS	J9334	INJ EFGART-ALFA 2MG HYA-QVFC	2	0	0	2	0.16348958
HCPCS	J9395	INJECTION, FULVESTRANT, 25 MG	2	0	0	2	0.16342371
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	1	0	1	2	0.66209491
HCPCS	L2006	KNEE ANKLE FOOT DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND/OR STANCE PHASE MICROPROCESSOR CONTROL WITH ADJUSTABILITY, INCLUDES ALL COMPONENTS (E.G., SENSORS, BATTERIES, CHARGER), ANY TYPE ACTIVATION, WITH OR WITHOUT ANKLE JOINT(S), CUSTOM FABRICATED	0	0	2	2	0.75384838
HCPCS	L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	1	0	1	2	0.05433555
HCPCS	L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	1	0	1	2	1.82058449
HCPCS	L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	1	0	1	2	0.10342014
HCPCS	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	2	0	0	2	0.52721065
HCPCS	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG.	2	0	0	2	2.51430556
HCPCS	Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	2	0	0	2	0.59101852
HCPCS	Q5126	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	2	0	0	2	1.01728588
HCPCS	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	2	0	0	2	0.38869792
HCPCS	S0122	INJ MENOTROPINS 75 IU	2	0	0	2	-0.1825463
HCPCS	S0160	DEXTROAMPHETAMINE	0	0	2	2	1.51005787
HCPCS	S5001	PRESCRIPTION DRUG, BRAND NAME	0	0	2	2	0.56055556

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HCPCS	S8948	APPLICATION OF A MODALITY (REQUIRING CONSTANT PROVIDER ATTENDANCE) TO ONE OR MORE AREAS; LOW-LEVEL LASER; EACH 15 MINUTES	0	0	2	2	0.9819346
HCPCS	S9338	HOME INFUSION THERAPY, IMMUNOTHERAPY (E.G., INTRAVENOUS IMMUNOGLOBULIN, INTERFERON); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	2	0	0	2	0.51410745
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	2	0	0	2	0.70498816
HCPCS	S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	2	0	0	2	0.58799649
ICD10Pcs	GZ3ZZZZ	MEDICATION MANAGEMENT	2	0	0	2	0.11491898
CPT	0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR MODERATE TO HIGH RISK OF MALIGNANCY	1	0	0	1	0.08402778
CPT	00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES (INCLUDING BRONCHOSCOPY); NOT OTHERWISE SPECIFIED	1	0	0	1	0.7590625
CPT	00813	ANESTHESIA FOR COMBINED UPPER AND LOWER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED BOTH PROXIMAL TO AND DISTAL TO THE DUODENUM	1	0	0	1	0.03765046
CPT	0107T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING VIBRATION STIMULI TO ASSESS LARGE DIAMETER FIBER SENSATION	0	1	0	1	0.90349537
CPT	0108T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING COOLING STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA	0	1	0	1	0.90349537
CPT	0109T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING HEAT-PAIN STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA	0	1	0	1	0.90349537
CPT	0202T	POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (E.G., FACET JOINT[S] REPLACEMENT) INCLUDING FACETECTOMY, LAMINECTOMY, FORAMINOTOMY AND VERTEBRAL COLUMN FIXATION, WITH OR WITHOUT INJECTION OF BONE CEMENT, INCLUDING FLUOROSCOPY, SINGLE LEVEL, LUMBAR SPINE	0	0	1	1	0.71792824
CPT	0211U	ONCOLOGY (PAN-TUMOR), DNA AND RNA BY NEXT-GENERATION SEQUENCING, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, INTERPRETATIVE REPORT FOR SINGLE NUCLEOTIDE VARIANTS, COPY NUMBER ALTERATIONS, TUMOR MUTATIONAL BURDEN, AND MICROSATELLITE INSTABILITY, WITH THERAPY ASSOCIATION	0	1	0	1	0.23302083

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	0245U	ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESSION OF 4 MRNA MARKERS USING NEXT GENERATION SEQUENCING, FINE NEEDLE ASPIRATE, REPORT INCLUDES ASSOCIATED RISK OF MALIGNANCY EXPRESSED AS A PERCENTAGE	1	0	0	1	0.08402778
CPT	0275T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY, FACETECTOMY, AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; LUMBAR	0	0	1	1	0.81732639
CPT	0493U	TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONOR-DERIVED CELL FREE DNA(CFDNA) USING NEXT GENERATION SEQUENCING, PLASMA, REPORTED AS PERCENTAGEOF DONOR DERIVED CELL-FREE DN	0	0	1	1	0.91475694
CPT	11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROECUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	0	0	1	1	0.13802073
CPT	11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM	1	0	0	1	0.94185185
CPT	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	1	0	0	1	0.19552083
CPT	11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETS BENEATH THE SKIN)	1	0	0	1	0.14855324
CPT	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.13321759
CPT	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	1	0	0	1	0.06090278
CPT	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	1	0	0	1	0.96248843
CPT	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.96248843
CPT	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA	1	0	0	1	0.96248843
CPT	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	1	0	0	1	1.02643519
CPT	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREAS	1	0	0	1	0.94185185
CPT	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	1	0	0	1	0.90513889
CPT	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	1	0	0	1	0.94185185
CPT	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	0	0	1	1	0.46819444
CPT	17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	0	0	1	1	1.71642644

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	0.20956019
CPT	19083	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE	1	0	0	1	0.88625
CPT	20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	0	0	1	1	0.20762731
CPT	20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	1	0	0	1	0.26815972
CPT	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAN, NAIL, ROD OR PLATE)	1	0	0	1	0.26815972
CPT	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.16125
CPT	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.15702546
CPT	20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT; STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.81574074
CPT	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.81574074
CPT	20982	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, METASTASIS) INCLUDING ADJACENT SOFT TISSUE WHEN INVOLVED BY TUMOR EXTENSION, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE WHEN PERFORMED; RADIOFREQUENCY	1	0	0	1	0.10104167
CPT	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); LESS THAN 2 CM	0	1	0	1	1.14200231
CPT	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	1	0	0	1	0.22976852
CPT	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	0	0	1	1	1.02421296
CPT	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	0	0	1	1	0.25712963
CPT	21685	HYOID MYOTOMY AND SUSPENSION	1	0	0	1	0.02673611
CPT	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTCTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	1	0	0	1	0.16125
CPT	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	1	0	0	1	0.20969907

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	1	0	0	1	0.20969907
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	0.12283565
CPT	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.16125
CPT	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INTERSPACE, LUMBAR	0	0	1	1	0.1927662
CPT	22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	1	0	0	1	0.63685185
CPT	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	1	0	0	1	0.63685185
CPT	23430	TENODESIS OF LONG TENDON OF BICEPS	1	0	0	1	0.30753472
CPT	23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER))	1	0	0	1	0.05142361
CPT	23929	UNLISTED PROCEDURE, SHOULDER	1	0	0	1	0.25112272
CPT	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1	0	0	1	0.11243056
CPT	27278	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS, WITH IMAGE GUIDANCE, INCLUDING PLACEMENT OF INTRA-ARTICULAR IMPLANT(S) (EG, BONE ALLOGRAFT[S], SYNTHETIC DEVICE[S]), WITHOUT PLACEMENT OF TRANSFIXATION DEVICE	1	0	0	1	0.1603125
CPT	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	1	0	0	1	0.13810185
CPT	27698	REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	1	0	0	1	0.07962963
CPT	29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	1	0	0	1	0.30753472
CPT	29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1	0	0	1	0.25112272
CPT	29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED, 1 OR 2 DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILAGE, GLENOID BONE, GLENOID ARTICULAR CARTILAGE, BICEPS TENDON, BICEPS ANCHOR COMPLEX, LABRUM, ARTICULAR CAPSULE, ARTICULAR SIDE OF THE ROTATOR CUFF, BURSAL SIDE OF THE ROTATOR CUFF, SUBACROMIAL BURSA, FOREIGN BODY[IES])	1	0	0	1	0.30753472
CPT	29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION INCLUDING DEBRIDEMENT OF BASE OF LESION)	1	0	0	1	0.26815972
CPT	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	1	0	0	1	0.79501157
CPT	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	1	0	0	1	0.0577662

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	1	0	0	1	0.12135458
CPT	30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	1	0	0	1	0.10775463
CPT	30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	1	0	0	1	1.19489652
CPT	30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	1	0	0	1	1.19489652
CPT	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	1	0	0	1	0.1499966
CPT	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (E.G., SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	1	0	0	1	0.70219907
CPT	31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	1	0	0	1	1.11888889
CPT	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	1	0	0	1	0.04917824
CPT	31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE OR TELESCOPE	1	0	0	1	0.71186343
CPT	31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	0	1	0	1	0.88969907
CPT	31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELESCOPE	1	0	0	1	0.05707176
CPT	31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE OR TELESCOPE	1	0	0	1	0.71186343
CPT	31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL ALVEOLAR LAVAGE	1	0	0	1	0.71186343
CPT	31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL LUNG BIOPSY(S), SINGLE LOBE	1	0	0	1	0.7590625
CPT	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL LUNG BIOPSY(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.7590625
CPT	31652	BRONCHOSCOPY, RIDGID OR FLEXIBLE, INCLUDING FLUOROSCPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND /OR TRANSBRONCIAL SAMPLING (EG, ASPIRATION[S]/BIOPSY [IES]), ONE OR TWO MEDIASTINAL AND/OR HILAR LYMPH NODE STATIONS OR STRUCTURES	1	0	0	1	0.7590625
CPT	33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), LIMITED (E.G., MODIFIED MAZE PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	1	0	0	1	0.82408565
CPT	33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (E.G., MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.82408565
CPT	33418	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; INITIAL PROSTHESIS	1	0	0	1	0.80342593
CPT	33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	1	0	0	1	0.82408565
CPT	33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	1	0	0	1	0.82408565

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION WITH OR WITHOUT RING	1	0	0	1	0.82408565
CPT	33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	1	0	0	1	0.82408565
CPT	36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	1	0	0	1	0.83186881
CPT	36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	1	0	0	1	0.15851852
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)	1	0	0	1	0.0819213
CPT	36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5 YEARS OR OLDER	1	0	0	1	0.14739583
CPT	36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	1	0	0	1	0.14739583
CPT	36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	1	0	0	1	1.80570602
CPT	37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; INITIAL VEIN	1	0	0	1	0.83186881
CPT	37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.83186881
CPT	37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; INITIAL VEIN	1	0	0	1	0.83186881
CPT	37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.83186881
CPT	37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; INITIAL NONCORONARY VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.83186881
CPT	37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; EACH ADDITIONAL NONCORONARY VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.83186881
CPT	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG	1	0	0	1	0.15845197
CPT	38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	1	0	0	1	0.17549769

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	1	0	0	1	0.10732639
CPT	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	1	0	0	1	0.01246528
CPT	38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	1	0	0	1	0.13966435
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	0.01246528
CPT	38745	AXILLARY LYMPHADENECTOMY; COMPLETE	1	0	0	1	0.81425926
CPT	41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	1	0	0	1	1.00506944
CPT	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	1	0	0	1	0.02673611
CPT	42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	1	0	0	1	0.71186343
CPT	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	1	0	0	1	0.12976852
CPT	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	1	0	0	1	0.10878472
CPT	42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	1	0	0	1	0.71186343
CPT	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH DYNAMIC EVALUATION OF VELUM, PHARYNX, TONGUE BASE, AND LARYNX FOR EVALUATION OF SLEEP-DISORDERED BREATHING, FLEXIBLE, DIAGNOSTIC	1	0	0	1	0.10390802
CPT	43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.22930556
CPT	43202	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	1	0	0	1	0.0918287
CPT	43236	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	0	0	1	1	0.92538194
CPT	43266	ESOPHAGOGASTRODUODENSOCOPY, FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	1	0	0	1	0.73831019
CPT	43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	1	0	0	1	0.22930556
CPT	43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	1	0	0	1	0.89458333
CPT	43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	0	0	1	1	0.29313657
CPT	43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	1	0	0	1	0.88105324
CPT	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	0	0	1	1	-0.33831019

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSORPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)	1	0	0	1	0.03811343
CPT	44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	1	0	0	1	0.88267361
CPT	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	0	1	0	1	0.21158565
CPT	44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	1	0	1	0.21158565
CPT	44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	1	0	0	1	0.08743056
CPT	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	0	1	0	1	0.21158565
CPT	44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	0	1	0	1	0.21158565
CPT	44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	0	1	0	1	0.21158565
CPT	44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	0	1	0	1	0.21158565
CPT	44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	0	1	0	1	0.21158565
CPT	44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	0	1	0	1	0.21158565
CPT	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	1	0	0	1	0.88267361
CPT	45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.88665509
CPT	45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	1	0	0	1	0.88665509
CPT	45384	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS	1	0	0	1	0.88665509
CPT	45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	1	0	0	1	0.88665509
CPT	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	1	0	0	1	0.88665509
CPT	46999	UNLISTED PROCEDURE, ANUS	1	0	0	1	0.27769676
CPT	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	1	0	0	1	0.06234954
CPT	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	1	0	0	1	0.10697917
CPT	48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	1	0	0	1	0.08746528
CPT	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY (S) (SEPARATE PROCEDURE)	0	1	0	1	0.21158565
CPT	49186	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL, MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR(S) OR CYST(S), SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S); 5 CM OR LESS	0	1	0	1	0.21158565

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	49187	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL,MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR(S) OR CYST(S),SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S); 5.1 TO 10 CM	0	1	0	1	0.21158565
CPT	49188	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL,MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR(S) OR CYST(S),SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S); 10.1 TO 20 CM	0	1	0	1	0.21158565
CPT	49189	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL,MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR(S) OR CYST(S),SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S); 20.1 TO 30 CM	0	1	0	1	0.21158565
CPT	49190	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL,MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR(S) OR CYST(S),SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S); GREATER THAN 30 CM	0	1	0	1	0.21158565
CPT	49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	1	0	0	1	0.3178588
CPT	49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	1	0	0	1	0.06053241
CPT	50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	1	0	0	1	0.02760417
CPT	50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	1	0	0	1	0.15002315
CPT	51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	1	0	0	1	0.96248843
CPT	52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	1	0	0	1	0.99818287
CPT	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	1	0	0	1	0.96248843
CPT	53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	1	0	0	1	0.96248843
CPT	54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE	1	0	0	1	0.06090278
CPT	54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA;	1	0	0	1	0.06090278
CPT	54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	1	0	0	1	0.06090278
CPT	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH	1	0	0	1	0.0869213
CPT	54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	1	0	0	1	0.96248843
CPT	55150	RESECTION OF SCROTUM	1	0	0	1	0.96248843
CPT	55175	SCROTOPLASTY; SIMPLE	1	0	0	1	0.06090278
CPT	55180	SCROTOPLASTY; COMPLICATED	1	0	0	1	0.96248843
CPT	55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FORINTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY	1	0	0	1	0.10153935
CPT	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	1	0	0	1	0.19368056

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	1	0	0	1	0.19368056
CPT	58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	1	0	0	1	0.17548611
CPT	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	1	0	0	1	0.09305556
CPT	58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	1	0	0	1	0.150625
CPT	58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING;	1	0	0	1	0.13966435
CPT	61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	1	0	0	1	1.02643519
CPT	61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPACE, INFRATEMPORAL AND MIDLINE SKULL BASE, NASOPHARYNX), WITH OR WITHOUT DISARTICULATION OF THE MANDIBLE, INCLUDING PAROTIDECTOMY, CRANIOTOMY, DECOMPRESSION AND/OR MOBILIZATION OF THE FACIAL NERVE AND/OR PETROUS CAROTID ARTERY	1	0	0	1	1.02643519
CPT	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (E.G., FOR TUMOR DESTRUCTION TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	1	0	0	1	0.19769676
CPT	61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL; CORTICAL	1	0	0	1	0.2415625
CPT	61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITHOUT USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; FIRST ARRAY	1	0	0	1	0.2415625
CPT	61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITHOUT USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; EACH ADDITIONAL ARRAY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	1	0	0	1	0.2415625
CPT	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE. FLUOROSCOPY OR CT)	1	0	0	1	0.19019676
CPT	63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; CERVICAL	1	0	0	1	0.04850694
CPT	63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; CERVICAL	1	0	0	1	0.63685185

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CPT	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK), SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH) (EG, FAR LATERAL HERNIATED INTERVERTEBRAL DISK)	1	0	0	1	0.89847582
CPT	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	1	0	0	1	0.04850694
CPT	63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	1	0	0	1	0.12283565
CPT	64415	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; BRACHIAL PLEXUS, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1	0	0	1	0.05142361
CPT	64430	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; PUDENDAL NERVE	1	0	0	1	0.219375
CPT	64473	LOWER EXTREMITY FASCIAL PLANE BLOCK, UNILATERAL; BY INJECTION(S),INCLUDING IMAGING GUIDANCE WHEN PERFORMED	1	0	0	1	0.06502315
CPT	64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (E.G., FOR BLEPHAROSPASM, HEMIFACIAL SPASM)	1	0	0	1	0.09072917
CPT	64645	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	5.045625
CPT	65756	KERATOPLASTY (CORNEAL TRANSPLANT); EDOTHELIAL	1	0	0	1	0.84737269
CPT	65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; WITHOUT SUTURES	1	0	0	1	0.96011574
CPT	67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA (E.G., FOR REPAIR OF MACULAR HOLE, DIABETIC MACULAR EDEMA), INCLUDES IF PERFORMED, INTRAOCULAR TAMPONADE (I.E., AIR, GAS OR SILICONE OIL)	1	0	0	1	0.16612269
CPT	67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (E.G., CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY (INCLUDES INTRAVENOUS INFUSION)	0	0	1	1	0.19059028
CPT	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)	1	0	0	1	0.99612269
CPT	67911	CORRECTION OF LID RETRACTION	1	0	0	1	0.17342593
CPT	69949	UNLISTED PROCEDURE, INNER EAR	1	0	0	1	1.02643519
CPT	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	1	0	0	1	0.04675926
CPT	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	1	0	0	1	0.04675926
CPT	71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	0	1	0	1	0.83668981
CPT	71270	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	0	1	0	1	0.83668981

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CPT	71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	1	0	0	1	0.08413194
CPT	72131	COMPUTERIZED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.1249537
CPT	72132	COMPUTERIZED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	1	0	0	1	0.0778588
CPT	72295	DISCOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.1249537
CPT	73200	COMPUTERIZED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.95615058
CPT	73720	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	1	0	0	1	0.16741898
CPT	73723	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	1	0	0	1	0.16741898
CPT	74160	COMPUTERIZED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	0	1	0	1	0.83668981
CPT	75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.83186881
CPT	75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.13278935
CPT	75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.13278935
CPT	76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED	1	0	0	1	0.05185185
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	0.13278935
CPT	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.219375
CPT	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.17549769
CPT	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	1	0	0	1	0.06517361
CPT	77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	0	0	1	1	1.00258102
CPT	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.21672454

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	1	0	0	1	0.06517361
CPT	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	1	0	0	1	0.21672454
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	0.12114583
CPT	77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	1	0	0	1	0.21672454
CPT	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	1	0	0	1	0.21672454
CPT	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	1	0	0	1	0.06517361
CPT	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	1	0	0	1	0.06517361
CPT	77525	PROTON TREATMENT DELIVERY; COMPLEX	1	0	0	1	0.06517361
CPT	77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE, WHEN PERFORMED	1	0	0	1	0.12114583
CPT	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION	1	0	0	1	0.05185185
CPT	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	0	0	1	1	0.88202546
CPT	78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)	0	0	1	1	0.91545139
CPT	79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	1	0	0	1	0.08413194
CPT	79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INJECTION	1	0	0	1	0.05922454
CPT	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION ONLY (EG, UTILIZING IMMUNOASSAY [EG, DIPSTICKS, CUPS, CARDS, OR CARTRIDGES]) INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE	1	0	0	1	0.82473116
CPT	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	0	0	1	1	0.28150463

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CPT	81187	CNBP (CCHC-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) (EG, MYOTONIC DYSTROPHY TYPE 2) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	0	0	1	1	0.32282407
CPT	81194	NTRK (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	0	1	0	1	1.88909722
CPT	81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, E285A, Y231X)	0	1	0	1	0.2684375
CPT	81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	1	1	0.3225
CPT	81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	0	0	1	1	0.3225
CPT	81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT	0	1	0	1	0.2684375
CPT	81216	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	1	1	0.28150463
CPT	81218	CEBPA (CCAAT/ ENHANCER BINDING PROTEIN [C/EBP], ALPHA) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, FULL GENE SEQUENCE	0	0	1	1	0.24857639
CPT	81219	CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9	1	0	0	1	0.11471065
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)	1	0	0	1	1.03190134
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	0	1	0.2684375
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	0.2684375
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	0.2684375
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	0.2684375
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	0.2684375
CPT	81263	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARIABLE REGION SOMATIC MUTATION ANALYSIS	1	0	0	1	0.29882072
CPT	81268	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYSES; WITH CELL SELECTION (EG, CD3, CD33), EACH CELL TYPE	1	0	0	1	0.02822917
CPT	81275	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; VARIANTS IN EXON 2 (EG, CODONS 12 AND 13)	1	0	0	1	1.03190134

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CPT	81276	KRAS (KIRSTEN RAT SAROMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; ADDITIONAL VARIANT(S) (EG CODON 61, CODON 146)	1	0	0	1	1.03190134
CPT	81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (EG, EXONS 12 AND 13)	1	0	0	1	0.80291667
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	0.2684375
CPT	81301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) OF MARKERS FOR MISMATCH REPAIR DEFICIENCY (EG, BAT25, BAT26), INCLUDES COMPARISON OF NEOPLASTIC AND NORMAL TISSUE, IF PERFORMED	0	1	0	1	1.88909722
CPT	81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	1	1	0.28150463
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	1	0	1	1.88909722
CPT	81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	1	0	1	1.88909722
CPT	81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANT	0	1	0	1	1.88909722
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	0.2684375
CPT	81335	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3)	1	0	0	1	0.18478009
CPT	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	1	0	0	1	0.11471065
CPT	81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)	0	1	0	1	0.2684375
CPT	81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)	0	1	0	1	0.2684375
CPT	81371	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, AND -DRB1 (EG, VERIFICATION TYPING)	1	0	0	1	0.22918981
CPT	81372	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-A, -B, AND -C)	0	0	1	1	1.29845251
CPT	81377	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT, EACH	0	0	1	1	0.86313657
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	0	1	0.94994213

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CPT	81425	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	0	0	1	1	1.04990741
CPT	81426	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	1	1	1.04990741
CPT	81433	HEREDIATRY BREAST CANCER-RELATED DISORDERS (EG, HEREDIATRY BREAST CANCER,HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER);DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR BRCA1,BRCA2, MLH1, MSH2, NAD STK11	1	0	0	1	0.75989128
CPT	81436	HEREDITARY COLON CANCER SYNDROMES (EG, LYNCH SYNDROME, FAMILIALADENOMATOSIS POLYPOSIS); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDEANALYSIS OF AT LEAST 5 GENES, INCLUDING MLH1, MSH2, EPCAM, SMAD4, ANDSTK11	0	0	1	1	0.80357639
CPT	81450	HEMATOLYMPHOID NEOPLASM OR DISORDER, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS	1	0	0	1	0.29882072
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	1.17539084
CPT	81459	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS, COPY NUMBER VARIANTS, MICROSATELLITE INSTABILITY, TUMOR MUTATION BURDEN, AND REARRANGEMENTS	0	1	0	1	1.88909722
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	1.07895994
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	0.16015046
CPT	81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	1	0	0	1	1.07895994
CPT	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	1	0	0	1	1.0265162
CPT	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	0	1	0	1	0.03548611
CPT	82533	CORTISOL; TOTAL	1	0	0	1	1.0265162
CPT	82565	CREATININE; BLOOD	1	0	0	1	0.71944708
CPT	82668	ERYTHROPOIETIN	1	0	0	1	0.80291667
CPT	83003	GROWTH HORMONE HUMAN (HGH), (SOMATOTROPIN); RIA	1	0	0	1	1.0265162

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CPT	83516	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN; QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD	0	0	1	1	0.31877315
CPT	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	0	0	1	1	0.15356481
CPT	84238	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	1	0	0	1	0.18116898
CPT	84439	THYROXINE; FREE	1	0	0	1	2.60180556
CPT	84443	THYROID STIMULATING HORMONE (TSH)	1	0	0	1	2.60180556
CPT	85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACTIVITY	0	1	0	1	2.65040509
CPT	86038	ANTINUCLEAR ANTIBODIES (ANA);	1	0	0	1	0.18116898
CPT	86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	1	0	0	1	0.18116898
CPT	86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBODY	1	0	0	1	0.18116898
CPT	86300	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	1	0	0	1	0.80217593
CPT	86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	1	0	0	1	0.14373843
CPT	87624	52, 56, 58, 59, 68)HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES (EG, 16, 18, 31, 33, 35, 39,45, 51, 52, 56, 58, 59, 68), POOLED RESULT	1	0	0	1	0.29700231
CPT	88312	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (EG, ACID FAST, METHENAMINE SILVER)	1	0	0	1	0.16677083
CPT	88313	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP II, ALL OTHER (EG, IRON, TRICHROME), EXCEPT STAIN FOR MICROORGANISMS, STAINS FOR ENZYME CONSTITUENTS, OR IMMUNOCYTOCHEMISTRY AND IMMUNOHISTOCHEMISTRY	1	0	0	1	0.16677083
CPT	88314	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; HISTOCHEMICAL STAIN ON FROZEN TISSUE BLOCK (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.87983796
CPT	88319	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP III, FOR ENZYME CONSTITUENTS	1	0	0	1	0.16677083
CPT	88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	1	0	0	1	0.16677083
CPT	88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES	1	0	0	1	0.16677083
CPT	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH MULTIPLEX ANTIBODY STAIN PROCEDURES	1	0	0	1	0.16677083
CPT	88346	IMMUNOFLUORESCENCE, SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE	1	0	0	1	0.87983796
CPT	88350	IMMUNOFLUORESCENCE, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.87983796
CPT	88356	MORPHOMETRIC ANALYSIS; NERVE	1	0	0	1	0.87983796
CPT	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), USING COMPUTER-ASSISTED TECHNOLOGY, PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCEDURE	0	1	0	1	1.88909722

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CPT	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), MANUAL, PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCEDURE	0	1	0	1	1.88909722
CPT	88381	MICRODISSECTION (I.E., SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL	0	0	1	1	0.73803241
CPT	90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION	1	0	0	1	0.07921296
CPT	91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH ELECTRODE PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION	1	0	0	1	0.11371528
CPT	91040	ESOPHAGEAL BALLOON DISTENSION STUDY, DIAGNOSTIC, WITH PROVACATION WHEN PERFORMED	1	0	0	1	0.11371528
CPT	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	1	0	0	1	0.16412037
CPT	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	1	0	0	1	0.98707725
CPT	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING	1	0	0	1	1.91375
CPT	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER, SUBSEQUENT REPROGRAMMING	1	0	0	1	1.91375
CPT	92622	DIAGNOSTIC ANALYSIS, PROGRAMMING, AND VERIFICATION OF AN AUDITORY OSSEOINTEGRATED SOUND PROCESSOR, ANY TYPE; FIRST 60 MINUTES	1	0	0	1	0.26492127
CPT	93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	0	1	0	1	0.83668981
CPT	93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY	0	1	0	1	0.83668981
CPT	93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; WITH SUPERVISION, INTERPRETATION AND REPORT	0	1	0	1	0.83668981
CPT	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY	0	1	0	1	0.83668981
CPT	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE	0	1	0	1	0.83668981
CPT	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	0	1	0	1	0.83668981
CPT	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT;	0	1	0	1	0.83668981

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	0	1	0	1	0.83668981
CPT	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION	0	1	0	1	0.83668981
CPT	93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT HEART CATHETERIZATION	0	1	0	1	0.83668981
CPT	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY,, WHEN PERFORMED	0	1	0	1	0.83668981
CPT	93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.07155093
CPT	93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.10701389
CPT	93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.07155093
CPT	93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS, INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING AND CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS, INCLUDING INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING, RIGHT VENTRICULAR PACING AND RECORDING, LEFT ATRIAL PACING AND RECORDING FROM CORONARY SINUS OR LEFT ATRIUM, AND HIS BUNDLE RECORDING, WHEN PERFORMED; WITH TREATMENT OF SUPRAVENTRICULAR TACHYCARDIA BY ABLATION OF FAST OR SLOW ATRIOVENTRICULAR PATHWAY, ACCESSORY ATRIOVENTRICULAR CONNECTION, CAVO-TRICUSPID ISTHMUS OR OTHER SINGLE ATRIAL FOCUS OR SOURCE OF ATRIAL RE-ENTRY	1	0	0	1	0.07155093
CPT	93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICHIS DISTINCT FROM THE PRIMARY ABLATED MECHANISM, INCLUDING REPEATDIAGNOSTIC MANEUVERS, TO TREAT A SPONTANEOUS OR INDUCED ARRHYTHMIA (LISTSEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.07155093
CPT	93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND INTERMITTENT BLOOD PRESSURE MONITORING, WITH OR WITHOUT PHARMACOLOGICAL INTERVENTION	0	1	0	1	0.90349537
CPT	93702	BIOIMPEDANCE SPECTROSCOPY (BIS), EXTRACELLULAR FLUID ANALYSIS FOR LYMPHEDEMA ASSESSMENT(S)	0	0	1	1	0.05408565
CPT	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	1	0	0	1	0.05185185
CPT	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY	1	0	0	1	0.14344907

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CPT	94617	EXERCISE TEST FOR BRONCHOSPASM, INCLUDING PRE- AND POST-SPIROMETRY AND PULSE OXIMETRY; WITH ELECTROCARDIOGRAPHIC RECORDING(S)	1	0	0	1	0.11188657
CPT	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY RESISTANCE	0	1	0	1	0.83668981
CPT	94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES	0	1	0	1	0.83668981
CPT	94728	AIRWAY RESISTANCE BY OSCILLOMETRY	0	1	0	1	0.83668981
CPT	94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	1	0	1	0.83668981
CPT	95249	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72 HOURS; PATIENT-PROVIDED EQUIPEMENT, SENSOR PLACEMENT, HOOK-UP, CALIBRATION OF MONITOR, PATIENT TRAINING, AND PRINTOUT OF RECORDING	0	0	1	1	0.93240163
CPT	95706	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1	0	0	1	0.10131944
CPT	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1	0	0	1	0.10131944
CPT	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	1	0	0	1	0.10131944
CPT	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; UNMONITORED	1	0	0	1	0.01538194
CPT	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1	0	0	1	0.10131944
CPT	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING; WITHOUT VIDEO	1	0	0	1	0.10131944
CPT	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING; WITH VIDEO (VEEG)	1	0	0	1	0.10131944
CPT	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITHOUT VIDEO	1	0	0	1	0.10131944

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CPT	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITH VIDEO (VEEG)	1	0	0	1	0.10131944
CPT	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	1	0	0	1	0.01538194
CPT	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 60 HOURS, UP TO 84 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	1	0	0	1	0.10131944
CPT	95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	1	0	0	1	0.81500689
CPT	95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL	1	0	0	1	1.02643519
CPT	95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	5.045625
CPT	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY 1 METHOD	1	0	0	1	0.81500689
CPT	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.8533033
CPT	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILE IN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.81500689
CPT	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.89256944
CPT	96548	INTRAOPERATIVE HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) PROCEDURE, INCLUDING SEPARATE INCISION(S) AND CLOSURE, WHEN PERFORMED; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	1	0	1	0.21158565
CPT	97016	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES	1	0	0	1	0.33831019
CPT	97032	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	1	0	0	1	0.8862963
CPT	97033	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES.	1	0	0	1	2.95674769

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE-ON-ONE) PATIENT CONTACT; INITIAL 15 MINUTES	0	0	1	1	1.15298611
CPT	97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE-ON-ONE) PATIENT CONTACT; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	1	1	1.15298611
CPT	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	1	0	0	1	2.0196412
CPT	97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: -A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; -AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; - A CLINICAL PRESENTATION WITH STABLE AND/OR UNCOMPLICATED CHARACTERISTICS; AND -CLINICAL DECISION MAKING OF LOW COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY	1	0	0	1	3.68936343
CPT	97166	OCCUPATIONAL THERAPY EVALUATION, MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: -AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES AN EXPANDED REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE; -AN ASSESSMENT(S) THAT IDENTIFIES 3-5 PERFORMANCE DEFICITS (IE, RELATING TO PHYSICAL, COGNITIVE, OR PSYCHOSOCIAL SKILLS) THAT RESULT IN ACTIVITY LIMITATIONS AND/OR PARTICIPATION RESTRICTIONS; AND -CLINICAL DECISION MAKING OF MODERATE ANALYTIC COMPLEXITY, WHICH INCLUDES AN ANALYSIS OF THE OCCUPATIONAL PROFILE, ANALYSIS OF DATA FROM DETAILED ASSESSMENT(S), AND CONSIDERATION OF SEVERAL TREATMENT OPTIONS. PATIENT MAY PRESENT WITH COMORBIDITIES THAT AFFECT OCCUPATIONAL PERFORMANCE. MINIMAL TO MODERATE MODIFICATION OF TASKS OR ASSISTANCE (EG, PHYSICAL OR VERBAL) WITH ASSESSMENT(S) IS NECESSARY TO ENABLE PATIENT TO COMPLETE EVALUATION COMPONENT. TYPICALLY, 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	0	0	1	1	0.95475264
CPT	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN THE USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES.	1	0	0	1	0.8862963

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
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	0.9950463
CPT	99221	INITIAL HOSPITAL INPATIENT OR OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD OR LOW LEVEL MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 40 MINUTES MUST BE MET OR EXCEEDED.	1	0	0	1	0.05142361
CPT	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	1	0	0	1	0.07521991
CPT	99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.07521991
HCPCS	90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	0	0	1	1	-0.19784722
HCPCS	A0382	BLS ROUTINE DISPOSABLE SUPPLIES	1	0	0	1	0.01900463
HCPCS	A0398	ALS ROUTINE DISPOSABLE SUPPLIES	1	0	0	1	0.01900463
HCPCS	A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	1	0	0	1	0.01900463
HCPCS	A0425	GROUND MILEAGE, PER STATUTE MILE	1	0	0	1	0.01900463
HCPCS	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	1	0	0	1	0.01900463
HCPCS	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	0	0	1	1	0.71256944
HCPCS	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	0	0	1	1	0.71256944
HCPCS	A4245	ALCOHOL WIPES, PER BOX (100)	1	0	0	1	0.8284838
HCPCS	A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR. PER 50 STRIPS	0	0	1	1	0.85042745
HCPCS	A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OUNCE.	1	0	0	1	0.8284838
HCPCS	A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	1	0	0	1	0.8284838
HCPCS	A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	1	0	0	1	0.8284838
HCPCS	A4544	ELECTRODE FOR EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGSSYNDROME	0	0	1	1	0.28103009
HCPCS	A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	1	0	0	1	0.8284838
HCPCS	A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	0	0	1	1	0.90561128
HCPCS	A4772	BLOOD GLUCOSE TEST STRIPS	1	0	0	1	0.38396991
HCPCS	A5120	SKIN BARRIER, WIPES OR SWABS, EACH	1	0	0	1	0.8284838
HCPCS	A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	1	0	0	1	0.8284838

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	1	0	0	1	0.8284838
HCPCS	A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	1	0	0	1	0.8284838
HCPCS	A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	1	0	0	1	0.8284838
HCPCS	A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	1	0	0	1	0.8284838
HCPCS	A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	1	0	0	1	0.8284838
HCPCS	A9293	FERTILITY CYCLE (CONTRACEPTION AND CONCEPTION) TRACKING SOFTWARE APPLICATION, FDA CLEARED, PER MONTH, INCLUDES ACCESSORIES (E.G., THERMOMETER)	0	0	1	1	0.180625
HCPCS	A9513	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MILLICURIE	1	0	0	1	0.08413194
HCPCS	A9592	COPPER CU-64, DOTATATE, DIAGNOSTIC, 1 MILLICURIE	1	0	0	1	0.04072917
HCPCS	A9595	PIFLUFOLASTAT F-18, DIAGNOSTIC, 1 MILLICURIE	1	0	0	1	0.11262731
HCPCS	C1788	PORT, INDWELLING (IMPLANTABLE) (FOR FACILITY CLAIMS ONLY)	1	0	0	1	0.1699537
HCPCS	C1817	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	1	0	0	1	0.76152778
HCPCS	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL	1	0	0	1	2.13173611
HCPCS	C9254	INJECTION, LACOSAMIDE, 1 MG	1	0	0	1	0.10924769
HCPCS	D1120	PROPHYLAXIS - CHILD	0	1	0	1	1.9020141
HCPCS	D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	0	1	0	1	1.9020141
HCPCS	D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	0	1	0	1	1.77865741
HCPCS	D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	0	1	0	1	1.77865741
HCPCS	D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	0	1	0	1	1.9020141
HCPCS	D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	0	1	0	1	1.9020141
HCPCS	D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	0	0	1	1	1.1393458
HCPCS	E0218	FLUID CIRCULATING COLD PAD WITH PUMP, ANY TYPE	0	1	0	1	0.36349537
HCPCS	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	0	0	1	1	0.1377662
HCPCS	E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES AND ACCESSORIES	1	0	0	1	0.02229167
HCPCS	E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	1	0	0	1	0.10766204
HCPCS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	0.04099537
HCPCS	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	1	0	0	1	0.04099537

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	0	0	1	1	0.98762731
HCPCS	E0743	EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGS SYNDROME, EACH	0	0	1	1	0.28103009
HCPCS	E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	0	0	1	1	0.15349537
HCPCS	E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	0	0	1	1	2.89689815
HCPCS	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	1	0	0	1	0.88204887
HCPCS	E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	0	0	1	1	0.34376157
HCPCS	E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	1	0	0	1	0.13627315
HCPCS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	1	0	0	1	0.13627315
HCPCS	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	1	0	0	1	0.13627315
HCPCS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	1	0	0	1	0.11917824
HCPCS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	1	0	0	1	0.11917824
HCPCS	E0978	WHEELCHAIR ACCESSORY, POSITIONING/SAFETY BELT/PELVIC STRAP, EACH	1	0	0	1	0.11917824
HCPCS	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	1	0	0	1	0.13627315
HCPCS	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	1	0	0	1	0.13627315
HCPCS	E1032	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE USED WITH JOYSTICK OR OTHER DRIVE CONTROL INTERFACE	1	0	0	1	0.13627315
HCPCS	E1033	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE FOR HEADREST, CUSHIONED, ANY TYPE	1	0	0	1	0.13627315
HCPCS	E1034	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE FOR LATERAL TRUNK OR HIP SUPPORT, ANY TYPE	1	0	0	1	0.13627315
HCPCS	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	1	0	0	1	0.11917824
HCPCS	E2298	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	1	0	0	1	0.13627315
HCPCS	E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	1	0	0	1	0.13627315
HCPCS	E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	1	0	0	1	0.13627315

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	E2359	POWER WHEELCHAIR ACESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	1	0	0	1	0.13627315
HCPCS	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	1	0	0	1	0.13627315
HCPCS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	1	0	0	1	0.31611111
HCPCS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1	0	0	1	0.13627315
HCPCS	G0090	PROFESSIONAL SERVICES, INITIAL VISIT, FOR THE ADMINISTRATION OF SUBCUTANEOUS IMMUNOTHERAPY OR OTHER SUBCUTANEOUS INFUSION DRUG OR BIOLOGICAL FOR EACH INFUSION DRUG ADMINISTRATION CALENDAR DAY IN THE INDIVIDUAL'S HOME, EACH 15 MINUTES.	1	0	0	1	0.88204887
HCPCS	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTES	1	0	0	1	0.02135417
HCPCS	G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	1	0	0	1	0.06517361
HCPCS	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	0	0	1	1	0.1406713
HCPCS	J0165	INJ EPINEPHRINE NOS 0.1 MG	0	0	1	1	1.79653935
HCPCS	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	1	0	0	1	1.92268519
HCPCS	J0574	BUPREN/NAL 6.1 TO 10MG BUPRE	0	0	1	1	1.7152662
HCPCS	J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	1	0	0	1	0.72979167
HCPCS	J0593	INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	1	0	0	1	0.76663766
HCPCS	J0666	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	1	0	0	1	0.05142361
HCPCS	J0834	INJECTION, COSYNTROPIN, 0.25 MG	1	0	0	1	1.0265162
HCPCS	J0878	INJECTION, DAPTOMYCIN, 1 MG	1	0	0	1	0.84386574
HCPCS	J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	1	0	0	1	0.0990625
HCPCS	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	1	0	0	1	0.06443287
HCPCS	J0894	INJECTION, DECITABINE, 1 MG	1	0	0	1	5.01711806
HCPCS	J1434	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	1	0	0	1	0.69060185
HCPCS	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	1	0	0	1	0.82244213
HCPCS	J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	1	0	0	1	1.0265162
HCPCS	J1744	INJECTION, ICATIBANT, 1 MG	1	0	0	1	2.72334491
HCPCS	J1812	INJ. INSULIN (FIASP)	1	0	0	1	0.02125
HCPCS	J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	1	0	0	1	0.18101852

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J1930	INJECTION, LANREOTIDE, 1 MG	1	0	0	1	0.24494213
HCPCS	J1941	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	0	0	1	1	0.26677083
HCPCS	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	1	0	0	1	0.96387731
HCPCS	J1951	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG	1	0	0	1	0.81978009
HCPCS	J2060	INJECTION, LORAZEPAM, 2 MG	1	0	0	1	1.92268519
HCPCS	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	1	0	0	1	0.15975694
HCPCS	J2562	INJECTION, PLERIXAFOR, 1 MG	1	0	0	1	0.23179398
HCPCS	J2782	INJECTION, AVACINCAPTED PEGOL, 0.1 MG	1	0	0	1	1.84947917
HCPCS	J2790	RHO D IMMUNE GLOBULIN INJ	0	0	1	1	0.10516204
HCPCS	J2799	INJ, UZEDY, 1 MG	0	0	1	1	0.64021991
HCPCS	J3055	INJECTION, TALQUETAMAB-TGVS, 0.25 MG	1	0	0	1	0.08377315
HCPCS	J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	1	0	0	1	0.16957176
HCPCS	J3360	INJECTION, DIAZEPAM, UP TO 5 MG	1	0	0	1	0.18271991
HCPCS	J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	1	0	0	1	2.89002315
HCPCS	J7192	FACTOR VIII RECOMBINANT NOS	1	0	0	1	-0.16775463
HCPCS	J7296	KYLEENA, 19.5 MG	0	0	1	1	1.79657407
HCPCS	J7298	MIRENA, 52 MG	0	0	1	1	0.66956019
HCPCS	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	1	0	0	1	0.31783565
HCPCS	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	1	0	0	1	0.20728428
HCPCS	J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	1	0	0	1	0.09298611
HCPCS	J7601	ENSIFENTRINE INH 3 MG	1	0	0	1	0.57703704
HCPCS	J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	0	0	1	1	0.13672454
HCPCS	J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG (PER TABLET)	1	0	0	1	0.05686343
HCPCS	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	1	0	0	1	0.03174769
HCPCS	J9025	INJECTION, AZACITIDINE, 1 MG	1	0	0	1	0.15736111
HCPCS	J9073	INJECTION, CYCLOPHOSPHAMIDE (DR. REDDY'S), 5 MG	1	0	0	1	0.02298611
HCPCS	J9119	INJECTION, CEMIPILMAB-RWLC, 1 MG	1	0	0	1	0.1555787
HCPCS	J9155	INJECTION, DEGARELIX, 1 MG	1	0	0	1	0.04797454
HCPCS	J9181	INJECTION, ETOPOSIDE, 10 MG	0	1	0	1	1.075
HCPCS	J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	0	0	1	1	1.21950231
HCPCS	J9218	LEUPROLIDE ACETATE INJECITON	1	0	0	1	-0.188125

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	1	0	0	1	0.17548611
HCPCS	J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	1	0	0	1	0.14761574
HCPCS	J9280	INJECTION, MITOMYCIN, 5 MG	1	0	0	1	0.33246528
HCPCS	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG	1	0	0	1	0.92833962
HCPCS	J9303	INJECTION, PANITUMUMAB, 10 MG	1	0	0	1	0.91931713
HCPCS	J9306	INJECTION, PERTUZUMAB, 1 MG	1	0	0	1	0.15636574
HCPCS	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	1	0	0	1	0.80659722
HCPCS	J9353	INJECTION, MARGETUXIMAB-CMKB, 5 MG	1	0	0	1	0.89256944
HCPCS	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	1	0	0	1	0.07537037
HCPCS	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	1	0	0	1	1.79799001
HCPCS	J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	1	0	0	1	0.76164352
HCPCS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	1	0	0	1	0.11917824
HCPCS	K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	1	0	0	1	0.23103009
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	0.13627315
HCPCS	L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	1	0	0	1	0.25220966
HCPCS	L0456	TLISO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED 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	0.75325231
HCPCS	L0464	TLISO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	0	0	1	0.66618056
HCPCS	L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	1	0	0	1	0.25220966
HCPCS	L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF	0	1	0	1	0.36349537
HCPCS	L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED	1	0	0	1	0.20136574
HCPCS	L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	1	0	0	1	0.20136574

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	L2820	ADDITION TO LOWER EXTREMITY, ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	1	0	0	1	0.20136574
HCPCS	L2999	UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES	1	0	0	1	0.20136574
HCPCS	L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	1	0	0	1	0.89592593
HCPCS	L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	1	0	0	1	0.98875
HCPCS	L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	0	0	1	1	2.65241898
HCPCS	L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	1	0	0	1	0.98875
HCPCS	L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	0	0	1	1	2.65241898
HCPCS	L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	1	0	0	1	0.98875
HCPCS	L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	1	0	0	1	0.98875
HCPCS	L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	1	0	0	1	0.98875
HCPCS	L5650	ADDITION TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	1	0	0	1	0.98875
HCPCS	L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST PLASTAZOTE OR EQUAL)	0	0	1	1	2.65241898
HCPCS	L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	1	0	0	1	0.98875
HCPCS	L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	1	0	0	1	0.98875
HCPCS	L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	1	0	0	1	0.98875
HCPCS	L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	1	0	0	1	0.98875
HCPCS	L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	1	0	0	1	0.98875
HCPCS	L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	1	0	0	1	0.98875
HCPCS	L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	0	0	1	1	2.65241898
HCPCS	L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	1	0	0	1	0.98875
HCPCS	L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	1	0	0	1	0.98875
HCPCS	L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	0	0	1	1	2.65241898

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	1	0	0	1	0.98875
HCPCS	L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	1	0	0	1	0.98875
HCPCS	L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	0	0	1	1	2.65241898
HCPCS	L8500	ARTIFICIAL LARYNX, ANY TYPE	1	0	0	1	0.8284838
HCPCS	L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH OR EQUAL, REPLACEMENT ONLY, EACH	1	0	0	1	0.8284838
HCPCS	L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	1	0	0	1	1.00710648
HCPCS	L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	1	0	0	1	0.08702546
HCPCS	Q0177	HYDROXYZINE PAMOATE 25MG	0	0	1	1	0.62040509
HCPCS	Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE	1	0	0	1	0.15470406
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	1	0	0	1	1.03962963
HCPCS	Q4116	ALLODERM, PER SQUARE CENTIMETER	1	0	0	1	0.92957243
HCPCS	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	1	0	0	1	0.10803241
HCPCS	Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	1	0	0	1	1.79799001
HCPCS	Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	1	0	0	1	0.15636574
HCPCS	S0088	IMATINIB, 100MG	1	0	0	1	0.11668921
HCPCS	S0108	MERCAPTOPURINE, ORAL, 50 MG	1	0	0	1	0.81978009
HCPCS	S0109	METHADONE ORAL 5MG	1	0	0	1	-0.18092593
HCPCS	S0119	ONDANSETRON 4 MG	0	0	1	1	1.86106481
HCPCS	S0126	INJ FOLLITROPIN ALFA 75 IU	1	0	0	1	0.00125
HCPCS	S0128	INJ FOLLITROPIN BETA 75 IU	1	0	0	1	-0.17292824
HCPCS	S0132	INJ GANIRELIX ACETAT 250 MCG	1	0	0	1	-0.16552083
HCPCS	S0189	TESTOSTERONE PELLET, 75MG	1	0	0	1	0.14855324
HCPCS	S0197	PRENATAL VITAMINS 30 DAY	0	0	1	1	1.78173611
HCPCS	S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	0	0	1	1	0.08670139
HCPCS	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	1	0	0	1	0.77702546

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	S5000	PRESCRIPTION DRUG, GENERIC	0	0	1	1	1.01104167
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	0.10752315
HCPCS	S9359	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G., INFLIXIMAB); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.79106481
HCPCS	S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.95299499
HCPCS	S9452	NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	0	0	1	1	0.06469907
HCPCS	S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	0	0	1	1	0.06469907
HCPCS	S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.07521991
Overall - Total			5,089	216	1,797	7,103	

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
Investigative	99	85	14	
Medical Necessity	136	51	85	235

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.